Wisconsin Limousine Association Inc. (WLA)

17023 County F
Kiel, Wisconsin 53042

Web Address: www.wisconsinlimo.org

Associate Membership Application/Renewal

The purpose of the WLA is to establish a mechanism for the collection of information and inform Members concerning matters of mutual interest and concern. To advance the interest of the industry and its Members before the State of Wisconsin and other Federal regulatory authorities and to provide a statewide forum for the exchange of information and addressing the viewpoints of its Members, and in turn performing duties that will benefit the WLA and its Members.

Full Legal Name: ____

Full Legal Address: ____County:____________________

City / State / Zip: ____

Phone: (______) _________________ Fax: (______) _________________ Other #: __________________

E-Mail Address: ______________________________ Web: __________________________________

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< **VITAL INFORMATION** >>

Business Entity Corporation ( ) Partnership ( ) Sole Proprietor ( ) Year Incorporated: _____

What Services or products are you offering the WLA: ______________________________________

____

Do you belong to the NLA: _________ Y/N (Since __ __ __ __) _________ No, Not yet

This application on approval, allows your company to share in the benefits of membership, and is not valid until the WLA receives your membership fee and is approved by the WLA Board of Directors and its members:

Referred By: ____ Company: ____

IT IS AGREED THAT UPON ACCEPTANCE AS A ASSOCIATE (VENDOR) MEMBER TO THE WLA (Wisconsin Limousine Association Inc.) THE FOLLOWING RESTRICTIONS MAY APPLY:

1. **Associate Members may attend all WLA meetings, conventions and special functions. They may make presentations to the association, providing the presentations are based on their association services and are listed as an agenda item two weeks prior to the general meeting.**
2. **Associate Member dues are paid in full on a yearly basics**

Signature of Applicant: _________________________________ Title: _______________________________

Printed Name: ____

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New Associate Membership $200.00 – Associate Membership Renewal $50.00

Application Received By: __________________________________ Title: ____________________________

Money Order / Check # ________ Attached in the amount of $ ___________ Dated: ________________________

(Please make Check or Money Order Payable to the WLA)

ACCEPTED BY MEMBERSHIP COMMITTEE, PASSED BY BOARD OF DIRECTORS WITHOUT OBJECTION BY GENERAL MEMBERSHIP THIS START & SENIORITY DATE:

____ ______________________________

Officers Signature and Title **Date of Record**