Wisconsin Limousine Association Inc. (WLA)

17023 County F
Kiel, Wisconsin 53042

Web Address: www.wisconsinlimo.org

General 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: ____ # of Limos: __________

Your Authorized Representative: ___________________ ________________ Title: ____________
(Person who is your Registered Voter) Sign Here Print Name

Phone: (_____) _______________ Fax: (_____) _______________ Other #: _______________

E-Mail Address: _____________________________ Web: ________________________________

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

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

_________________, ___________________, _________________, _________________

(Must attach a copy of all legal operating permits for approval) If applicable

Do you belong to the NLA: ________ Yes (Since __ __ __ __) ________ No, Not yet
(The NLA will give the WLA a percentage of your fee's for dual membership with the WLA)

This application is not valid until the WLA receives a CERTIFICATE OF INSURANCE from your carrier naming the WLA as an additional insured with a 30-day cancellation notice to your policy:

Insurance Agent: ______________________________________ Phone (_____) ____________________

Insurance Company: ______________________________ Coverage Limits: ______,_______,_______

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WLA Office Use Only Below This Line

WLA New Membership $150.00 – WLA New Membership with NLA Membership $100.00
WLA Membership Renewal $50.00 – New Associate Member $200.00 – Associate Renewal Membership $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**