



# Member Application

Company Name: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_ Email: \_\_\_\_\_  
Products Offered: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Annual Sales: \$ \_\_\_\_\_ Association(s): \_\_\_\_\_

## Annual Membership Dues

for office products, furniture dealers, and their supporting manufacturers, buying groups, wholesalers, and service providers.

| Member Type   | Annual Dues |
|---|-------------|
| <input type="checkbox"/> WSA Dealer                               | \$540.00    |
| <input type="checkbox"/> WSA Service Provider or Manufacturer Rep | \$930.00    |
| WSA Manufacturer  |             |
| <input type="checkbox"/> Annual Sales under \$25 million          | \$1,290.00  |
| <input type="checkbox"/> Annual Sales over \$25 million           | \$2,575.00  |

WSA Membership *(Pro-rate if necessary. After 9/1, the following full year's payment must be included)* \$ \_\_\_\_\_  
Contribution to Scholarship Fund: \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

## Payment Details

☐ **Check** (Payable to WSA) ☐ **Credit Card** ☐ Visa ☐ MasterCard ☐ Amex

**Name On Account:** \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security/CVV Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to: [wsa@issa.com](mailto:wsa@issa.com)**

10275 W Higgins Rd Suite 280, Rosemont, IL 60018

Tel.: 800-225-4772 (North America) or 847-982-0800 Email: [wsa@issa.com](mailto:wsa@issa.com)