



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

- WSA Dealer
- WSA Service Provider or Manufacturer Rep

Annual Dues

\$560.00
\$960.00

WSA Manufacturer

- Annual Sales under \$25 million
- Annual Sales over \$25 million

\$1,345.00
\$2,680.00

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

10275 W Higgins Rd Suite 280, Rosemont, IL 60018

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