

# Water and Sewer Distributors of America

Distributor Membership Application \_\_\_\_\_



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4<sup>th</sup> Floor  
Philadelphia, PA 19103 – 1443  
Phone: 215.564.3484  
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wasda@fernley.com  
www.wasda.com

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Company Email \_\_\_\_\_

Web \_\_\_\_\_ Branch Locations (if any) \_\_\_\_\_

Key WASDA Contact \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact \_\_\_\_\_ Email \_\_\_\_\_

State briefly your type of business:

Distribution \_\_\_\_\_% Manufacturing \_\_\_\_\_% Other \_\_\_\_\_%

What types of products do you inventory and distribute? \_\_\_\_\_

What caused you to join WASDA? \_\_\_\_\_

I understand my membership is subject to the approval of WASDA's Executive Board. If admitted to membership, I will observe all provisions of the Association Articles of Incorporation and its Bylaws and will pay all application fees, dues and assessments. By signing below, I agree to accept communications from WASDA.

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## Membership Eligibility

To be eligible for membership in WASDA, a company must meet all of the following qualifications:

- \* Be a corporation, partnership or individual proprietorship (or subsidiary, affiliate or division of same.)
- \* Have a principle office in Canada, the United States or America or Puerto Rico.
- \* A significant part of the company's business is in warehousing, distribution and selling waterworks, sewer or storm drainage pipes, valves, meters, accessories and fittings to installers and users of the products.

## Annual Dues Schedule

Annual Sales Volume Water Sewer	Annual Dues
Less than \$5 million	\$600
\$5 million to \$9,999,999	\$1,000
\$10 million to \$19,999,999	\$1,500
\$20 million to \$39,999,999	\$2,100
\$40 million to \$79,999,999	\$2,800
\$80 million to \$159,999,999	\$3,600
\$160 million to \$319,999,999	\$4,500
\$320 million to \$639,999,999	\$5,500
\$640 million and up	\$6,600

Payment: *(Please circle one.)*

American Express    Visa    MasterCard    Check

Amount \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Billing Zip \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Signature \_\_\_\_\_

*Please make checks payable to WASDA.*