



Non Profit Organization

## ASSOCIATE MEMBERSHIP APPLICATION

Whenever not qualified for regular membership (Retail Equipment Dealers), associate membership shall be limited to persons and/or firms who have a common interest in the affairs and business of the Association or provide services to members and whose membership will be of benefit to the Association.

It is understood that upon acceptance of this application to the Association and upon the payment of dues as established by the Board of Directors of the Association, this membership will become effective and will remain in effect until termination is requested by the member or is ordered by the Board. It is agreed to honor the objectives as stated by the Articles of the Association.

### ANNUAL MEMBERSHIP DUES - \$375.00

#### Instructions

1. Please TYPE or CAREFULLY PRINT the information requested exactly.
2. Membership fee(s) can be paid by check or credit card.
3. To pay by check, send completed form and fees to  
Far West Equipment Dealers Association, 2355 N. Lincoln Street, Dixon, CA 95620-9215
4. To charge by credit card, fax completed form to (707) 678-0125 with credit card information (VISA or MasterCard).

#### Business Type - Check appropriate box(s):

Mfg    Mfg Rep    Distributor    Other/Type of Business \_\_\_\_\_

Brand(s) or Product Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 800: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I understand that by providing the fax number(s) above, on behalf of the company/organization specified, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of Far West Equipment Dealers Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### To charge by credit card:



Credit Card #: \_\_\_\_\_ Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_