



ASSOCIATE MEMBERSHIP APPLICATION

MEMBERSHIP APPLICATION

WRLA INC.

Thank you for your interest in becoming a Western Retail Lumber Association Inc. member! WRLA is a non-profit association that began in 1890. It provides a forum for the exchange of ideas and information in the building supply industry. Comprised of about 1,200 member firms, WRLA represents the interests of members in Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, NW Ontario, Yukon and Nunavut.

Submit your fully completed application to:

Ms. Wynne Au
Member Services Manager
Western Retail Lumber Association Inc.
1004 - 213 Notre Dame Ave.
Winnipeg, Manitoba R3B 1N3
Fax: 204-947-5195
Email: WynneA@wrla.org

ANNUAL MEMBERSHIP FEES

ASSOCIATE MEMBERSHIP - **\$369**

Associate Branch Membership - **\$169** (benefits and services per location)

All dues are **per annum** plus 5% GST (13% HST - Ontario, 5% GST - BC, 15% HST - NS)

Membership year April 1 – March 31

ASSOCIATE MEMBERSHIP CRITERIA

An applicant may apply for Associate Membership under any of below descriptions. Check all that apply.

Manufacturer **Re-Manufacturer** **Wholesaler** **Distributor** **Agent** **Importer** **Service Provider**

1. Manufacturer, re-manufacturer or wholesaler whose income from business operations is derived primarily from the sale of product lines and services related exclusively or in combination to the home, industrial, and commercial construction, renovation, and repair markets supported by WRLA retail members.
2. Distributor, agent or service provider whose income from business operations is derived primarily from the sale of product lines or services related exclusively or in combination to the home, industrial, and commercial construction, renovation, and repair markets supported by WRLA retail members.
3. Valid business license as required by local jurisdiction.
4. Applicant must list **four** references, **two** of which are current WRLA members (buyers and/or distributors of goods and services).
5. All approved members are subject to a **12 month** period in which their membership may be reviewed.

COMPANY INFORMATION

Company Name (Operating/Trade Name)

Company Name (Legal)

Website

Company Email

Company Phone

Company Toll Free Phone

Company Fax

| | | |
|---------------|------------|-----------|
| Main Contact: | First Name | Last Name |
| | Email | Phone |



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COMPANY MAILING ADDRESS

| | | |
|-----------|----------------|-----------------|
| Address 1 | | |
| Address 2 | | |
| City/Town | Province/State | Postal Code/ZIP |

COMPANY PHYSICAL ADDRESS

| | | |
|---|----------------|-----------------|
| <input type="checkbox"/> <i>Same as Company Mailing Address</i> | | |
| Address 1 | | |
| Address 2 | | Phone |
| City/Town | Province/State | Postal Code/ZIP |

COMPANY BILLING INFORMATION

| | | |
|-----------------------------|----------------|-----------------|
| Company Name | | |
| Address 1 | | |
| Address 2 | | Phone |
| City/Town | Province/State | Postal Code/ZIP |
| GST/HST Registration Number | | |
| Billing Contact: | First Name | Last Name |
| | Email | Phone |
| | Fax | |

BRANCH LISTING

| | | |
|-------------------------------------|------------|-----------|
| Company Name (Operating/Trade Name) | | |
| Company Name (Legal) | | |
| Website | | |
| Company Email | | |
| Company Phone | | |
| Company Toll Free Phone | | |
| Company Fax | | |
| Main Contact: | First Name | Last Name |
| | Email | Phone |

BRANCH MAILING ADDRESS

| | | |
|-----------|----------------|-----------------|
| Address 1 | | |
| Address 2 | | |
| City/Town | Province/State | Postal Code/ZIP |

BRANCH PHYSICAL ADDRESS

| | | |
|--|----------------|-----------------|
| <input type="checkbox"/> <i>Same as Branch Mailing Address</i> | | |
| Address 1 | | |
| Address 2 | | |
| City/Town | Province/State | Postal Code/ZIP |



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| PRODUCTS AND SERVICES INFORMATION | CUSTOMER BASE | |
|---|--|------------------|
| List or describe your products and/or services: | | APPROX. % |
| | Buying Groups (Co-operative Purchasing Organization) | % |
| | Retail Stores | % |
| | Contractors | % |
| | Agents, Wholesaler, Distributors | % |
| | Industrial | % |
| | Consumers (Public) | % |
| | Internet Direct Selling | % |
| | Other | % |
| | TOTAL | 100% |

BUSINESS MODEL

Explain your business model and selling structure:

WRLA Buying Show Information

YES, I am interested in exhibiting at the WRLA Buying Show.

Number of 10' x 10' booths required: One (1) Two (2) More than 2

What products and/or services do you wish to exhibit?

What other shows do you currently exhibit?

| | | |
|------------------|------------|-----------|
| Exhibit Contact: | First Name | Last Name |
| | Email | Phone |

Your company must have a paid membership and be approved by the Show Committee in order to exhibit.
 You will then be placed on the waitlist and be contacted when space becomes available.
 For exhibiting questions, please contact WRLA Marketing & Events Manager, Krista Scherpenzeel at TF: 1.800.661.0253 Ext: 3 / Direct: 204.953.1693 / KristaS@wrla.org.



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| References for WRLA | | | |
|---|------------|----------------|-----------|
| <i>All references will be contacted for verification of business status. TWO (2) references below must be current WRLA members.</i> | | | |
| REFERENCE 1 | | | |
| Company Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City/Town | | Province/State | |
| Postal Code/ZIP | | | |
| Main Contact: | First Name | | Last Name |
| | Email | | Phone |
| | Fax | | |
| REFERENCE 2 | | | |
| Company Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City/Town | | Province/State | |
| Postal Code/ZIP | | | |
| Main Contact: | First Name | | Last Name |
| | Email | | Phone |
| | Fax | | |
| REFERENCE 3 | | | |
| Company Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City/Town | | Province/State | |
| Postal Code/ZIP | | | |
| Main Contact: | First Name | | Last Name |
| | Email | | Phone |
| | Fax | | |
| REFERENCE 4 | | | |
| Company Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| City/Town | | Province/State | |
| Postal Code/ZIP | | | |
| Main Contact: | First Name | | Last Name |
| | Email | | Phone |
| | Fax | | |



ASSOCIATE MEMBERSHIP APPLICATION

SIGNATURES

1. The Board shall have the authority to prescribe new or additional criteria for membership, adjust fees, and review and amend current membership.
2. All applications are subject to approval by the WRLA Membership Committee whose decision is final.
3. Membership is determined upon the accuracy of the information submitted.
4. WRLA Code of Ethics:
Members of the Western Retail Lumber Association Inc. acknowledge that they have obligations to their community and to their industry as well as to their own business, that the meeting of each of these obligations is a prerequisite to success in business and that they will, therefore:
 - a) Deal honestly with customers, competitors and suppliers and, to that end, describe all merchandise offered for sale in such a way that material facts will be neither exaggerated nor concealed so that customers can buy with confidence;
 - b) Provide accurate, meaningful and up-to-date product knowledge information so that customers will not be misled.

Current WRLA members are exempt from the criteria outlined in this application.

I have read the above statement and agree to abide by the Code of Ethics. I also give my consent to have my company listing added to the annual Directory & Product Source Guide and the WRLA online directory. I consent to receive correspondence from WRLA.

Authorized Name (PRINT)

Authorized Name (SIGNATURE)

Date (DD/MM/YYYY)

Privacy Statement – The WRLA is staffed by professionals who strive to serve the members of the association. The WRLA is committed to protecting the privacy and safeguarding the personal information of its members and service providers. All personal information collected by the WRLA is done so in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).

BILLING

ASSOCIATE MEMBERSHIP - **\$369**

Associate Branch Membership - **\$169** (benefits and services per location)

All dues are **per annum** plus 5% GST (13% HST - Ontario, 5% GST - BC, 15% HST - NS)

MEMBERSHIP YEAR APRIL 1 – MARCH 31

Invoice VISA MasterCard

CARD NUMBER

Cardholder Name (exactly as shown on card)

Expiry Date (MM/YY)

Payment Amount \$

Authorized Signature

Submit your fully completed application to:

Ms. Wynne Au
Member Services Manager
Western Retail Lumber Association Inc.
1004 - 213 Notre Dame Ave.
Winnipeg, Manitoba R3B 1N3
Fax: 204-947-5195
Email: WynneA@wrla.org

OFFICE USE ONLY

APPROVED by Membership Committee Date

NOT APPROVED by Membership Committee Date

Authorized Signature