



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

RETAIL MEMBERSHIP - **\$199** (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

RETAIL MEMBERSHIP CRITERIA

1. Retail operation must fit into **ONE** of the following models:
 - Retail presence of a permanent nature and open to the public during normal business hours
 - An operation having a total contractor customer base (contractor yard)
 - Retail operation with a contractor division, but not solely a contractor
2. Where the retailer also manufactures products, at least 75% of retailer's inventory must consist of products and materials not used in its own manufacturing operations.
3. Product line must consist of first quality non-manufactured materials related exclusively or in combination to the home, industrial, and commercial construction, renovation, and repair markets and not primarily for its own consumption.
4. Valid business license as required by local jurisdiction.
5. Applicant must list **four** current WRLA associate / affiliate members as references.
6. Applicant must provide **four** current interior and **four** current exterior pictures (yard or warehouse).
7. 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

COMPANY MAILING ADDRESS

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



RETAIL MEMBERSHIP APPLICATION

COMPANY PHYSICAL ADDRESS

Same as Company Mailing Address

Address 1

Address 2

Phone

City/Town

Province/State

Postal Code/ZIP

COMPANY BILLING INFORMATION

Company Name

Address 1

Address 2

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

COMPANY PROFILE

Buying Group (Primary)

Buying Group (Secondary)

Year Company was Established

My Company is a: limited company partnership personal unincorporated business

Inventory/List of goods (products) sold:

Square footage yard

Square footage retail

Number of employees employed during peak season:

Four (4) current **INTERIOR** pictures attached.

Four (4) current **EXTERIOR** pictures attached.



RETAIL MEMBERSHIP APPLICATION

WRLA Associate or Affiliate Member References

All references will be contacted for verification of business status.

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 <small>Click or tap here to enter text.</small>			
Address 2			
City/Town		Province/State	
Postal Code/ZIP			
Main Contact:	First Name	Last Name	
	Email	Phone	
	Fax		



RETAIL 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

RETAIL MEMBERSHIP - **\$199** (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:

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Member Services Manager
Western Retail Lumber Association Inc.
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Email: WynneA@wrla.org

OFFICE USE ONLY

APPROVED by Membership Committee Date

NOT APPROVED by Membership Committee Date

Authorized Signature