



**AFFILIATE  
MEMBERSHIP  
APPLICATION**

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Email: [wrla@wrla.org](mailto:wrla@wrla.org)  
Phone: 1.800.661.0253

## THANK YOU FOR YOUR INTEREST IN BECOMING A WRLA MEMBER!

Please complete the information below to begin the process of becoming a WRLA member. Membership dues for both head office and branch locations are to be paid at time of acceptance. Head office dues are \$500 plus GST/HST. Please submit the completed form and business card to [membership@wrla.org](mailto:membership@wrla.org) or fax to 204.947.5195.

## APPLICATION PROCESS

- Once completed application is submitted, WRLA staff follow up on references and forward to WRLA membership committee for review and decision.
- This process should take approximately one week to complete provided a completed application is submitted.
- WRLA staff will follow up with the decision, and make payment arrangements if approved.

## COMPANY INFORMATION

\_\_\_\_\_  
Company Name (Operating/Trade Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Company Name (Legal)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal Code/ZIP

\_\_\_\_\_  
Date of Corporation

\_\_\_\_\_  
Main Contact: First & Last Name

\_\_\_\_\_  
Municipal Business Licence

\_\_\_\_\_  
Email

\_\_\_\_\_  
GST #

\_\_\_\_\_  
Company Email

\_\_\_\_\_  
Toll-Free Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Website

\_\_\_\_\_  
Year Company was Established

## BRANCH OFFICE INFORMATION

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Phone

**PLEASE CHECK ALL OF THE CATEGORIES  
THAT HELP TO DESCRIBE YOUR BUSINESS:**

**Insurance**

**Marketing/Communications**

**Staffing Agency**

**Human Resources**

**Buying Group**

**Other -----**

**Partner Association**

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PLEASE PROVIDE A DESCRIPTION OF YOUR BUSINESS, INCLUDING PRODUCTS AND SERVICES THAT YOU REPRESENT, WHO YOUR PRIMARY CUSTOMER BASE IS, YOUR SELLING STRUCTURE AND FUTURE GOALS.

## PLEASE INDICATE YOUR REASONS FOR WANTING TO JOIN THE WRLA:

- |   |  |
|---|--|
| <b>Professional standards</b>           | <b>Industry voice with government</b>                        |
| <b>Networking/industry contacts</b>     | <b>Attract new customers</b>                                 |
| <b>Connecting with customers</b>        | <b>Participate in the WRLA show</b>                          |
| <b>Give back to industry</b>            | <b>Marketing opportunities</b>                               |
| <b>Exclusive discounts &amp; offers</b> | <b>Timely industry news</b>                                  |
| <b>Credibility/consumer confidence</b>  | <b>Professional development/<br/>education opportunities</b> |

## ADDITIONAL COMMENTS

# AFFILIATE MEMBERSHIP APPLICATION

## REFERENCES

Please provide two references that are WRLA members. References will be contacted to verify accuracy of the application.

### REFERENCE 1

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

\_\_\_\_\_  
Main Contact: First & Last Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

### REFERENCE 2

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

\_\_\_\_\_  
Main Contact: First Name & Last Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

## 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.

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 written and digital correspondence from WRLA.

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Authorized Name (Signature)

\_\_\_\_\_  
Date: Day                      Month                      Year

## 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).

- Membership criteria and fees are reviewed and approved by the WRLA board.
- All applications are subject to approval by the WRLA membership committee whose decision is final.
- Membership is determined upon the accuracy of the information submitted.
- Programs and services are available year-round from April 1-March 31 for WRLA members in good standing.