



AFFILIATE MEMBERSHIP APPLICATION

About the WRLA

The WRLA Inc. Western Retail Lumber Association is a non-profit association that began in 1890. It is comprised of 1200 retail, associate and affiliate members of the building supply industry. The mission of the Corporation is to serve the needs and promote the common interests of the lumber, building materials and hard goods industry in Western Canada.

Thank you for your interest in becoming part of our VOICE.
Please ensure you submit the complete application on the following pages.

Annual Membership Fees

Affiliate Membership **\$369** Affiliate Branch Membership **\$169** (benefits and services per location)
All dues are per annum plus 5% GST, except - 13% HST - ON, 5% GST - BC, 15% HST - NS
Membership year April 1 – March 31

Affiliate Membership Criteria

1. A company that does not meet the WRLA retail or associate member criteria but provides either a program or service or wants to be connected to the industry in a manner where both the WRLA and the company benefit.
2. Co-operative purchasing organization (buying group) 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 **twelve month** period in which their membership may be reviewed.

Company Information

Company Name (Doing Business As)

Company Name (Legal)

Website: **www.**

Company Email: @

Company Phone ()

Company Toll Free Phone ()

Company Fax ()

Main Contact First Name

Last Name

Main Contact Email @

Main Contact Cell ()

Mailing Address

Address 1

Address 2

City/Town

Province/State

PC/ZIP

Physical Address

Same as above

Address 1

Address 2

City/Town

Province/State

PC/ZIP



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Billing Information			
Company Name:			
Address 1			
Address 2			
City/Town		Province/State	PC/ZIP
Billing Contact	First Name	Last Name	
Billing Contact Email @			
Billing Contact Phone ()		Billing Contact Fax ()	
GST Registration Number			

Branch Listing (copy page as needed or attach a separate listing sheet)			
Company Name (Doing Business As)			
Company Name (Legal)			
Website: www.			
Company Email: @			
Company Phone ()		Company Toll Free Phone ()	
Company Fax ()			
Main Contact	First Name	Last Name	
Main Contact Email @		Main Contact Cell ()	

Branch Mailing Address			
Address 1			
Address 2			
City/Town		Province/State	PC/ZIP

Branch Physical Address			
<input type="checkbox"/> Same as above			
Address 1			
Address 2			
City/Town		Province/State	PC/ZIP



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Products and Service Information

List or describe products or services

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 (check one) 1 2 or more

What products / services do you wish to exhibit?

What other shows do you currently exhibit?

Exhibitor Contact	First Name	Last Name
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Exhibitor Email @

Exhibitor Cell 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. Questions? Contact Caren Kelly (Show Manager) at ckelly@wrla.org or 204-953-1693



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WRLA References

All references will be contacted for verification of business status. TWO of the below references must be current WRLA members - Visit www.wrla.org to view member list.

Company Name

Main Contact First and Last Name:

Address

City

PV / ST:

PC / ZIP:

Email: @

Phone: ())

Fax: ())

Company Name

Main Contact First and Last Name:

Address

City

PV / ST:

PC / ZIP:

Email: @

Phone: ())

Fax: ())

Company Name

Main Contact First and Last Name:

Address

City

PV / ST:

PC / ZIP:

Email: @

Phone: ())

Fax: ())

Company Name

Main Contact First and Last Name:

Address

City

PV / ST:

PC / ZIP:

Email: @

Phone: ())

Fax: ())

Add any additional information you consider relevant to your application:

Privacy Statement - The WRLA is staffed by professionals who strive to serve the members of our 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)



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Signatures
<ol style="list-style-type: none"> 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: <p style="margin-left: 40px;">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:</p> <ol style="list-style-type: none"> 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. <p>Current WRLA members are exempt from the criteria outlined in this application</p>
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 SIGN
DATE

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Billing		
<input type="checkbox"/> Invoice	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD
CARD NUMBER		
Cardholder Name (exactly as show on the card)		
Expiry Date		
Signature	Payment Amount \$	

Office use only	
<input type="checkbox"/> APPROVED by Membership Committee	DATE
<input type="checkbox"/> NOT APPROVED by Membership Committee	DATE
Authorized Signature	