



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

Retail Membership - **\$199** (benefits and services per location)
All dues are per annum plus 5% GST except 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 retailers 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 pictures and **four** current exterior (yard or warehouse) pictures.
7. 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

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

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
(fill in below or attach 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	Last Name
Main Contact Email @	Main Contact Cell ()

Company Profile

Buying Group (Main)	Buying Group (Second)
Year Company was established	
My company is: <input type="checkbox"/> a limited company <input type="checkbox"/> a partnership <input type="checkbox"/> a personal unincorporated business	
Inventory / List of goods (products) sold:	
Square footage yard	Square footage retail
How many employees do you employ during your peak season?	
<input type="checkbox"/> Four current INTERIOR pictures attached	
<input type="checkbox"/> Four current EXTERIOR pictures attached	



WRLA Associate or Affiliate Member References

All references will be contacted for verification of business status. 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)



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 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	