



AFFILIATE MEMBERSHIP APPLICATION

Company Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____

Principal Representative: _____ **Email Address:** _____

Alternate Representative: _____ **Email Address:** _____

Company Website: _____

Company Data:

1. Date company was established: **Month:** _____ **Year:** _____
2. Any person, firm or corporation interested in the work, mission and common interests of the WSTDA, who does not otherwise meet the requirements of Regular or Associate membership.

Sponsors:

Membership in WSTDA requires applicant to be sponsored by two members of WSTDA.

Sponsor: _____ Company: _____

Sponsor: _____ Company: _____

Annual Dues:

Affiliate Membership dues: \$1,000.00

Enclosed is my check for \$ _____

This application must be accompanied by a check payable to the Web Sling & Tie Down Association (WSTDA) in the amount of one full year's membership dues, fully refundable if application is denied. Second year dues will be prorated based on month membership begins.

Our firm applies for Affiliate Membership in the Web Sling & Tie Down Association. I certify that this firm is interested in the work, mission, and common interests of the WSTDA and the synthetic web sling and tie down industry. All information contained in this application is true and accurate. The undersigned does also agree to the prompt payment of all association dues and assessments when due. Upon membership approval by the Board of Directors, the undersigned does agree to abide by and subscribe to the WSTDA Bylaws.

Signature: _____ Date: _____

(Revised Oct. 2008)

Please return this membership application along with your payment to:

WSTDA * 2105 Laurel Bush Road, Suite 200 * Bel Air, MD 21015 * Phone: 443-640-1070 * Fax: 443-640-1031
Email: wstda@ksgroup.org * Website: www.wstda.com