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**WCAA Triangle Chapter**

# Membership Application

**Instructions**

Please download this form from our website, and complete using either of the following methods:

*Electronic*: Open in Word and fill out electronically, then “save as…”, using your name in the file name. You can also save as a PDF. Email completed form to the WCAA Triangle Chapter Treasurer (address is below).

*Hard Copy*: Print and fill out, scan and email to the WCAA Triangle Chapter Treasurer (address below).

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| --- | --- |
| Name:       | Bus. Phone:       |
| Bus. Name:       | Mobile or other Phone:       |
| Website:       | Fax:       |
| Email:       | Address:       |

**Type of Business**

|  |  |
| --- | --- |
| [ ]  Retail Workroom | [ ]  Industry Partner |
| [ ]  Wholesale Workroom | [ ]  Retail store – product type       |
| [ ]  Decorator/Workroom | [ ]  Other       |
| [ ]  Designer/Decorator | In business since:       (year) Full-time [ ]  Part-time [ ]  |

**What Other Professional Associations Do You Belong to?**

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**What Can You Share with the Chapter About Our Industry?**

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WCAA National Dues must be paid for the current year before Chapter Membership and Dues can be accepted.

WCAA Membership Number:

*(call WCAA National office if you do not know your number)*

Annual Dues $40. Check payable to: **WCAA Triangle Chapter** (contact Treasurer for mailing address)

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| Email this completed application to: | Lois Roegge, Triangle Chapter TreasurerLois@ryliemax.com |

**I certify that I am a bona fide window coverings business and that I accept the responsibilities as stated in the WCAA Code of Ethics.** *(signature of applicant)*

**Code of Ethics:** As members we pledge to serve the public with honesty, to advertise truthfully, to advise customers responsibly, and to stand behind the merchandise we sell.

We are happy to answer any questions you have.

 *Copy to Secretary for Chapter Directory. Info Copy to President and VP.*