



Individual Information:

Name: _____ Date: _____

Position in Agency: Officer Partner Owner Employer

Number of years as a representative: _____ with present agency: _____

Starting Date: _____ If less than 1 year list previous employer:

Employer: _____ City/State: _____

What is your reason for joining WAMA?

What skills and/or contributions do you bring WAMA:

Would you be willing to serve as an elected office? Yes No

Would you be willing to work on a committee? Yes No

Agency Information:

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Type: Corporation Partnership Sole Prop.

Phone: _____
Business: _____ FAX: _____ Home: _____

Email Address: _____

Is this the headquarters? Yes No If no, where is headquarters? _____

City/State: _____

Number of principals represented by agency: _____

Percentage of agency's sales as: Rep ___% Distr. ___% Broker ___%

In order to qualify for membership in WAMA, an applicant must meet the following descriptions as stated in the associations' by-laws:

"Qualified manufacturers' representatives must represent a minimum of two principals. They must uphold high moral, ethical and business standards."

"Qualified manufacturers' representatives must primarily be engaged in the business of selling products and/or services to industrial accounts ("products" and services" to industrial accounts" is defined as products and services which are consumed or utilized in the manufacture of the product or incorporated in the end product for resale).

Applicant's Customers – List Three:

Company	Contact	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Principals (Indicate % of sales as rep. and/or distr.)

Name: _____ Product: _____

Contact: _____ Phone: _____

City/State: _____ As Rep ___% As Distr. ___%

Name: _____ Product: _____

Contact: _____ Phone: _____

City/State: _____ As Rep ___% As Distr. ___%

Name: _____ Product: _____

Contact: _____ Phone: _____

City/State: _____ As Rep ___% As Distr. ___%

References: (list two WAMA members)

Name: _____ Agency: _____

Name: _____ Agency: _____

This application must be accompanied by \$75.00 Membership Fee.

I hereby apply for membership in the Wisconsin Association of Manufacturers' Agent, Inc. and agree to abide by its Bylaws and Code of Ethics. I understand the final approval of this application will be made by the Board of Directors and can take as long as 90 days. If the application is not accepted, the membership fee will be refunded in full.

I hereby certify that the information given on this application is accurate and complete to the best of my knowledge.

Please send signed application with \$75.00 Membership Fee to:

Wisconsin Association of Manufacturers Agents, Inc.
1504 North 68th Street
Milwaukee, WI 53213

Signature: _____

Dated: _____