



MEMBERSHIP APPLICATION

Applicant Information:

[Attach Business Card Here]

Date: _____
Contact & Title: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Alt Phone: _____
Fax: _____
Email: _____
Website: _____

Each member (company) of PWNA pledges:

As a member of PWNA, I believe in fair and honorable practices and pledge to maintain the highest ethical standards in my business, and I obligate myself and my employees to work by the following Code of Ethics:

I will, at all times, conduct my business in a fair and honorable manner. I pledge to represent our products and services as they actually are, to do what I promise and to promise only what I reasonably can do, to compete fairly with others on the basis of the merit of my products and services, and to refrain from making false or misleading statements about my competitors or their products or services.

I commit to help any and all fellow PWNA members in the furtherance of industry knowledge.

I promise to comply, both in spirit and letter, with all rules and regulations prescribed by law and by government agencies for the health, safety and well-being of my employees, the public, and the environment.

I further pledge to perform all services within any Standards and through the use of any Best Management Practices adopted by PWNA.

Applicants Signature: _____ Referred By: _____

Applicant Membership: Select Type of Business

Contractor Annual Dues: Active business entity or organization providing services in the power washing industry.

\$350.00 Contractor applications **MUST** be accompanied by proof of current general liability insurance.

Supplier Annual Dues: Active business entity or organization including dealers/distributors/manufacturers of parts or components of the power washing industry.

\$500.00

Associate Annual Dues: Professionals engaged in a business supplying services in the industry. Not eligible to hold elective office or have a vote.

\$350.00

Retired Membership Dues: Retired individual from Active member, no longer affiliated with any industry company. Eligible to hold elective office or have a vote.

\$350.00

Payment Information:

Check VISA MC AX Discover

Credit Card Number: _____ Security Code: _____

Name On Credit Card: _____

Cardholder Address: _____ Zip: _____

Expiration Date: _____ Amount Authorized: _____

Cardholder Signature: _____

Please Mail or Fax Application to:

Power Washers of North America (PWNA)

PO Box 270634, Saint Paul, MN 55127

Phone: 1-800-393-7962 • Fax: 1-651-762-2961 • Email: info@pwna.org • Website: www.thepwna.org



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Services and Company Description:

Complete Section 1 and 3 if you are a Contractor. Complete Section 2 and 3 if you are a Supplier/Distributor. Completing this form allows us to list your company on our website.

Section 1: Contractors

There is a **Find a Contractor** section on our website searchable by selecting the type of service and state. Please check the service(s) you provide from the list below:

- Awning Cleaning
- Commercial/Industrial/Construction Cleaning
- Concrete/Masonry Cleaning and Sealing
- Fleet Washing
- Graffiti Removal
- Gutter Cleaning
- House Washing
- Kitchen Exhaust
- Lead Paint Removal
- Monument Restoration
- Wash Water Recovery
- Water Tower Cleaning
- Wood Restoration

Section 2: Suppliers/Distributors

There is a **Find a Supplier or Distributor** section on our website searchable by selecting the type of service and state. Please check the service(s) you provide from the list below:

- Cleaners and Chemicals
- Education Providers
- Environmental and Water Reclamation
- Equipment Suppliers
- Insurance

Section 3

There is a **Company Description** section for each PWNA Member's listing on the website. Please provide a one or two sentence summary of the services your company provides.
