

MEMBERSHIP APPLICATION



Date: _____

Contact: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

How did you hear about the PWNA? _____

List all the Counties that you service for enhanced listings on our website: _____

Please Check Membership Category:

- | | | | |
|--|-------------------|---|--|
| <input type="checkbox"/> <u>Contractor Membership:</u> | \$350.00 | → | Firms that are in the business of providing pressure washing services. |
| <input type="checkbox"/> <u>Corresponding Membership:</u> | \$350.00 | → | Organizations or individuals such as libraries, consultants, accountants, engineers etc. |
| <input type="checkbox"/> <u>Dealer/Distributor:</u> | \$750.00 | → | Firms that are dealers/distributors of pressure washing supplies. |
| <input type="checkbox"/> <u>Manufacturer Membership:</u> | \$2,500.00 | → | Firms in the business of manufacturing pressure washing supplies and equipment. |

Please Check Payment:

- Visa MasterCard American Express
 Check (made payable to **PWNA**)

Card Number: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Signature: _____

Power Washers of North America
PO Box 668
Quakertown, PA 18951
Phone / Fax: 1.800.393.7962
Email: Info@ThePWNA.org
Website: www.ThePWNA.org

Mail or Fax to Address Above

PLEASE NOTE UNDERLINED
Applications for new membership or renewal shall be approved by the PWNA Board of Directors. **Contractors applications must be accompanied by a copy of the applicant's business license if required in your state, along with proof of general liability insurance in effect before your membership becomes valid.** By submission of this form, you are agreeing to these terms.