



www.wcaanj.org

WCAA Central NJ Chapter Membership Application

Name: _____ Bus Phone: _____

Business Name: _____ Cell Phone (optional) _____

Address: _____

Email: _____ Website: _____

Referred by: _____ Today's Date: _____

Can we add your name, address, business phone and email to our chapter directory _____
Can we include your cell phone? _____

Type of Business:

Retail Workroom Wholesale Workroom Decorator/Workroom
 Designer / Decorator Retail store – product type _____
 Industry Partner

In business since: _____ (year) Full-time Part-time

WCAA National Member ID: _____

What other professional associations do you belong to? _____

What can you share with the chapter about our industry? _____

IMPORTANT: WCAA national dues must be paid in order for your chapter membership to be valid.
Annual Local Dues - \$50 (New Members After July 1st - \$30)

Pay dues online at www.WCAANJ.org

Please make check payable to: **WCAA Central New Jersey Chapter**
Send completed application & check to: **Kathy Hamilton**
36 Barton Creek Road, Jackson, NJ 08527

Code of Ethics: As members we pledge to serve the public with honesty, to advertise truthfully, to advise customer's responsibility, and to stand behind the merchandise we sell.

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