



Supplier Membership Application

COMPANY INFORMATION

Company Name		
Address1		
Address2		
City	Prov/State	Postal Code
Main Phone	Fax	
Company Website Address		
Company Email	Country	

KEY CONTACT INFORMATION

Name	Title
Address1	
Address2	
City	Prov/State Postal Code
Direct Phone	Fax
Email	

OTHER CONTACT INFORMATION

Name	Title
Address1	
Address2	
City	Prov/State Postal Code
Direct Phone	Fax
Email	

ANNUAL DUES

WHMA Supplier Membership Annual Dues are based on your 12 months gross sales volume

Under 5\$ Million \$1000 \$5 Million - \$10 Million \$1400 Over \$10 Million \$1800

PAYMENT INFORMATION

Please remit with payment to: WHMA 15490 – 101 st Ave N, Suite 100 Maple Grove, MN 55369 Phone: 763-235-6467 Fax: 763-235-6461 Or email: arau@associationsolutionsinc.com	<input type="checkbox"/> Check Credit Card: <input type="checkbox"/> AMEX. <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover		
	Card Number	Exp Date	Card Code
	Cardholder Billing Address		
	City	Prov/State	Postal Code

To submit this form via our [Secure Data site](#), first fill out the form and save it to your desktop then go to <https://lock.securedataupload.com> Log in with user name whma and password whm321 (password is case sensitive) **Skip directly to Step 3!** Click the Browse button to locate your completed registration on your computer, then click the Upload button to submit your completed form.