

Associate Membership Application



INDIANA WHOLESALE DISTRIBUTORS ASSOCIATION
2346 South Lynhurst Drive, Suite D101
Indianapolis, IN 46241
PH: 317-610-5997 ~ FAX: 317-481-1825
E-mail: ann@centraloffice1.com
www.iwdanet.org

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

Type of Business: _____

Individual _____ Partnership _____ Corporation _____ Other _____

FIRST YEAR'S DUES OF \$500 MUST ACCOMPANY THIS APPLICATION.

I (We) agree (if accepted as members) to abide by the constitution and By-laws of the INDIANA WHOLESALE DISTRIBUTORS ASSOCIATION.

Dated this _____ day of month _____ 20____

Firm Name _____

Signed By _____

Send all correspondence to _____ Title _____

Associate Members are non-voting members
An Associate Member MAY be included in the Annual Membership Meeting