

2019 DISTRIBUTOR MEMBERSHIP APPLICATION



INDIANA WHOLESALE DISTRIBUTORS ASSOCIATION
 2346 South Lynhurst Drive, Suite D101
 Indianapolis, IN 46241
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 E-mail: ann@centraloffice1.com
www.iwdanet.org

Firm Name: _____

Contact Name: _____

Additional contacts for the 2019-2020 Annual Directory? Please list here – or e-mail: ann@centraloffice1.com, stephanie@centraloffice1.com or denise@centraloffice1.com.

Name:	Title:	E-mail:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website (if applicable): _____ E-mail: _____

TYPE OF MEMBERSHIP: Individual: _____ Partnership: _____ Corporation: _____

DUES AMOUNT: \$ _____ (per schedule below)

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

DUES (please check as applicable) - BASED ON GROSS VOLUME OF ALL GOODS SOLD

_____ Less Than \$3 million.....	\$ 525.00
_____ More than \$3 million to less than \$20 million.....	\$1,735.00
_____ More than \$20 million to less than \$40 million.....	\$3,020.00
_____ More than \$40 million to less than \$60 million.....	\$5,250.00
_____ More than \$60 million to less than \$80 million.....	\$8,400.00
_____ More than \$80 million.....	\$9,450.00