



To the Membership Committee:

We hereby make application for membership in the association, agree to abide by the bylaws and pay the prescribed dues. A check for one month's dues is to be submitted with application.

We understand **REGULAR MEMBERS'** dues are established and assessed upon the number of employees during the last 12 months.

We understand **ASSOCIATE VENDOR MEMBERS'** dues are as stated. (Diao Paper manufacturer, Equipment Manufacturer, Dealer and Supplier, Reprographic Supply Firm, etc.).

We understand the obligations of Membership particularly include:

- Six month minimum membership contract after application is accepted.
- Dues are billed and due in advance; any firm sixty days delinquent is subject to suspension, relinquishing all rights in the Association.

Notice of resignation must be given in writing thirty days prior to date.

Western Reprographics Association staff is always ready to work for you. If you have any questions, call us at (323) 728-9500.

<i>Regular Members</i>		<i>Associate/Vendor Members</i>	
California			
No. of Employees	Monthly Dues	No. of Employees	Monthly Dues
1-10	\$15.00	1-10	\$25.00
11-25	20.00	11-25	50.00
26-50	30.00	26+	75.00
51-100	50.00		
100+	65.00		
Out of State			
1-50	\$15.00		
51+	30.00		

APPLICATION FOR MEMBERSHIP

WESTERN REPROGRAPHICS ASSOCIATION

Date of Application: _____

Please print or type the following information:

Firm Name _____

Address _____

City/State _____

Zip _____

Phone# () _____

Fax #() _____

Email _____

Website _____

Main Contact _____

Number of Employees _____

Please list type of service you provide: _____

Fill out application, then print and mail with check to:
 WRA
 P.O. Box 910936
 Los Angeles, CA 90091-0936