

Northwest Tire Dealers Association
Membership Application

Firm Name _____

Firm Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Title _____ E-mail _____

Phone (____) _____ Fax (____) _____

Membership Recommended by (optional) _____

I'd like to pay my dues: Annually _____ Semi-Annually _____

Signature _____ Date _____

Print form & mail with check to:

NWTDA
93705 E. Granada Ct.
Kennewick, WA 99338

Please make checks payable to NWTDA

Annual Membership Dues

Voting Members

Gross Sales to \$750,000.....	\$150.00
\$750,001 to \$3,000,000.....	\$275.00
Over \$3,000,000.....	\$500.00
Branch Stores.....	\$75.00
Manufacturer Representative.....	\$150.00
Supplier To \$750,000 Gross Sales.....	\$150.00
Supplier \$750,001 to \$3,000,000.....	\$275.00
Supplier Over \$3,000,000.....	\$500.00
<i>Non Voting Members</i>	
Associate Member (out of State).....	\$85.00