

WEST COAST SPRING MANUFACTURERS ASSOCIATION

MEMBERSHIP APPLICATION

COMPANY NAME

Hereby applies for membership in the **WEST COAST SPRING MANUFACTURERS ASSOCIATION**. Upon approval by the **WCSMA** Board of Directors, the applicant shall enjoy all privileges and benefits of membership, including full participation in all meetings and activities as applicable and assumes the responsibility of such membership.

Membership dues are to be paid punctually in adherence with a schedule, which is determined by the general membership at annual meetings of the association. Membership may be terminated at any time upon written notice. At the time of membership termination, all due obligations must be paid in full, and all rights, title and interest in the **West Coast Spring Manufacturers Association** shall cease.

Street Address

Name & Title of Official Representative

City

Name & Title of Alternate Representative

(_____) _____
Phone

Name & Company of WCSMA Member
Most influential in persuading us to join (if any)

Please indicate one:

Manufacturer Member _____

Technical/Supplier Member _____

Annual Due \$150.00

Date _____

Signature

Title

Board Approval

Date