



**WISCONSIN AUTO COLLISION
TECHNICIANS ASSOCIATION, LTD.**

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Waukesha, WI 53186
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APPLICATION FOR MEMBERSHIP

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ Title _____

Email _____

Preference for communications from WACTAL: " Email " Fax " Mail

Number of Employees (including owners): Technicians _____ Office _____

Number of years in business: _____ Date of Application: _____

I hereby apply for membership in the Wisconsin Auto Collision Technicians Association, Ltd. I promise to abide by the association's By-Laws and Code of Ethics. I understand that any signs, decals or emblems provided by the association remain the property of the association, and I agree to return them to the association upon termination of membership. I understand that the use of the association logo and identification is authorized only as long as my membership is maintained.

Authorized Signature _____

DUES: Membership dues are based on the number of employees, including active officers, partners & owners. Part-time employees count as 1/2. Annual dues schedule is as follows:

Sole Owner, No Employees	\$155	10-15 Employees	\$345	Associate Member	\$275
2-4 Employees	\$245	16-19 Employees	\$395	School Member	\$250
5-9 Employees	\$285	20+ Employees	\$465		

WACTAL accepts Mastercard & VISA. Contact the WACTAL office if you wish to make payment with Mastercard or VISA.

Sponsoring Member _____