

WFIA Membership Application & Dues Chart



DATE _____
SIGNATURE _____

To Pay by CREDIT CARD, please fill out and mail in:
 Visa or Mastercard? _____ Expiration Date _____
 Credit Card #: _____ / _____ / _____ / _____
 Billing Zip Code _____ CV# _____

Your 2018 Annual Dues Investment

Corporate Name (PLEASE PRINT)		Number of Stores	
Street Address	City	State	Zip
Business Telephone		Business FAX	
PRINCIPAL Contact Name		PRINCIPAL Job Title	
PRINCIPAL Email Address		PRINCIPAL Mobile Phone	
BILLING Contact Name		BILLING Job Title	
BILLING Email Address		BILLING Contact Phone	
BILLING Address (if Different)	City	State	Zip

Grocery Retail:		Dues	
Grocery Stores (above 4,000 sq. ft.)		\$405 per store	
Convenience/Specialty Stores (4,000 sq. ft. or below)		\$205 per store	
Coffee Houses		\$130 per store	
Non-Retail: Annual WA Sales		Dues	
Distribution		\$5,000	
Large Companies	Over \$20 Million	\$3,780.00	
Medium Companies	\$5 to \$20 Million	\$1290.00	
Small Companies	\$3 to \$5 Million	\$ 650.00	
Entrepreneurial Co.	Up to \$3 Million	\$ 320.00	
Associate Member – Business Services:		Dues	
Regional/National Company		\$960.00	
Small Company		\$540.00	
Marketing Groups		\$320.00	
Winery Member:	Dues	Brewery Member:	Dues:
0-999 cases	\$56	Less than 1,000 barrels	\$75
1,000-2,000	\$125	1,001 to 5,000 barrels	\$150
2,001-4,000	\$190	5,001 to 10,000 barrels	\$250
4,001-8,000	\$300	10,001 to 25,000 barrels	\$350
8,001-12,000	\$425	25,000 + barrels	\$500
12,001-20,000	\$625		
20,001-40,000	\$900		
40,001-70,000	\$1,420		
70,001-100,000	\$1,775		
100,001+	\$2,500		

NOTE: Dues are based on a calendar year. If you are joining the WFINS in a month other than January, please pro-rate your payment on a rate of 8.33% per each month in which you will be a member. We will automatically invoice you for a full-year's renewal upon the new calendar year. Thank you for your support of the WA Food Industry & Neighborhood Stores. We look forward to working with you to protect and promote the independent grocery and neighborhood store industry.

Membership Category: _____ Type of Business: _____

Please Describe Your Business: _____

Preferred method(s) of contact for BILLING? Please check all that apply: Email FAX Postal Mail
 For WFINS Communications, Action Alerts & Networking Events, may we email you? YES NO

Mail Application and Dues Payment to: P.O. Box 706; Olympia, WA 98507-0706; (360) 753-5177; www.wa-food-ind.org