



**APPLICATION FOR MEMBERSHIP**

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

W226 S1742 State Road 164 S

Waukesha, WI 53186

PH. 262-542-7707 or 800-366-9472

FAX 262-542-0906

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Number of Employees: 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:

1 - 4 Employees	\$185.00	16 - 19 Employees	\$315.00
5 - 9 Employees	\$220.00	20 - 29 Employees	\$370.00
10 - 15 Employees	\$265.00	30 + Employees	\$420.00
Associate Members	\$185.00	School Membership	\$185.00

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