



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 total number of employees including owners, managers, office staff, and technicians. New car dealerships should count only those employees in the collision repair center, not the entire dealership. Annual dues schedule is as follows:

Sole Owner (1 person)....\$125.00	10 - 15 Employees*.....\$290.00	30 + Employees*.....\$445.00
2 -4 Employees*.....\$210.00	16 - 19 Employees*.....\$340.00	Associate Members.....\$210.00
5 - 9 Employees*.....\$245.00	20 - 29 Employees*.....\$395.00	School Membership.....\$210.00

* Employees include owners, managers, office staff, and technicians.

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