

APPLICATION FOR MEMBERSHIP

THE MISSION STATEMENT OF THE WESTERN ICE ASSOCIATION IS:

*TO PROMOTE AND ENHANCE THE STANDARDS AND IMAGE OF
THE PACKAGED ICE INDUSTRY THROUGH PROFESSIONAL,
POLITICAL AND SOCIAL NETWORKING AND EDUCATION.*

WE WELCOME YOU TO JOIN OUR MEMBERSHIP IN OUR EFFORTS TO TRY TO ACCOMPLISH OUR MISSION.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION FOR OUR RECORDS.

NAME OF COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ FAX () _____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

CONTACT NAMES (1) _____ (2) _____

MEMBERSHIP TYPE: ICE _____ SUPPLIER _____

REFERRED BY: _____

OUR MEMBERSHIP YEAR IS FROM OCTOBER 1 THROUGH SEPTEMBER 30. MEMBERS JOINING THE SECOND HALF OF THE YEAR (APRIL OR AFTER) PAY ON A PRO-RATED BASIS.

Annual Sales up to \$1,000,000 \$ 300

Annual Sales over \$1,000,000 \$ 600

Supplier Member \$ 300

PLEASE RETURN THIS COMPLETED APPLICATION ALONG WITH YOUR CHECK FOR YOUR ANNUAL DUES PAYABLE TO:

WESTERN ICE ASSOCIATION

Mail to: Western Ice Association Headquarters
515 Keisler Drive
Cary, NC 27518

Questions: 919-851-5555 or 800-910-5688