

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 JANUARY 1ST THROUGH DECEMBER 31ST, 2012. MEMBERS JOINING THE SECOND HALF OF THE YEAR (JULY 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:

Mail to: Western Ice Association
P.O. Box 5489
Cary, NC 27512-5489

**Questions: 919-851-5555 or Fax: 919-469-5556
jacquie@meetexpext.com**