



2006 Membership Application

WSTA USE ONLY member number: _____

WSTA offers Membership to individuals who are independent salespersons actively engaged in the sale of footwear and/or related items at wholesale.

member information

Type or print clearly — WSTA is not responsible for illegible information. Incomplete forms will not be processed.

MEMBER NAME (One Member per form) _____

JOB TITLE (Business card required) _____

TWO/TEN INTL. FOUNDATION NUMBER (if applicable) _____

STREET ADDRESS _____

DATE OF BIRTH _____

GENDER

M

F

CITY _____

STATE/PROVINCE _____

ZIP OR POSTAL CODE _____

COUNTRY _____

TELEPHONE _____

FAX _____

EMAIL _____

STATES IN YOUR TERRITORY _____

companies/brands you represent

Please complete the information below for each line you are affiliated with. WSTA reserves the right to verify your affiliation with companies and/or brands listed. Use the back of the form for any additional listings.

1. Company/Brand _____

Company Contact _____

Phone or email _____

2. Company/Brand _____

Company Contact _____

Phone or email _____

3. Company/Brand _____

Company Contact _____

Phone or email _____

4. Company/Brand _____

Company Contact _____

Phone or email _____

payment information

WSTA Membership for fiscal year 11/01/05 through 10/31/06

WSTA Membership Fee: Annual Dues before 11/18/05 \$20

Voluntary Contribution:

Two/Ten International Footwear Foundation \$ _____

TOTAL \$ _____

Enclosed is my check payable to WSA Check No. _____

Please bill my credit card Visa MC Amex

Cardholder Name _____

Billing Street Name _____

Billing City, State Zip _____

Credit Card No. _____

Exp. Date _____ V Code _____ (3 digits for Visa & MC, 4 for Amex)

Authorized Cardholder Signature

Submit this form by 11/18/05...

and WSA will pay your \$20 WSTA Membership Fee!

To confirm your WSTA Membership Information,
please return this completed form to:

WSA

15821 Ventura Blvd., Suite 415
Encino, CA 91436

T 818. 379. 9467

F 818. 379. 3141

Dues are not transferable, refundable, or pro-rated.

Authorized Signature of WSTA Member

I certify that the information provided in this application is true and correct