



# 2006 New Member 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.

## new member information

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

NEW MEMBER NAME (One New Member per form) \_\_\_\_\_

JOB TITLE (Attach copy of business card) \_\_\_\_\_

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 New Member Annual Dues ..... \$20

WSTA New Member Initiation Fee ..... \$50

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)

To submit your WSTA Membership Application,  
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 Cardholder Signature

\_\_\_\_\_  
Authorized Signature of WSTA Applicant

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