



**WISCONSIN AUTO COLLISION
TECHNICIANS ASSOCIATION, LTD.**

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Waukesha, WI 53186
PH: 262-542-7707 or 800-366-9472
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APPLICATION FOR MEMBERSHIP

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Contact _____ Title _____

Email _____

Number of Employees (including owners): 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 number of employees, including active officers, partners & owners. Part-time employees count as 1/2. Annual dues schedule is as follows:

Sole Owner, No Employees	\$145	20-29 Employees	\$445
2-4 Employees	\$235	30+ Employees	\$495
5-9 Employees	\$275		
10-15 Employees	\$325	Associate Member	\$250
16-20 Employees	\$375	School Member	\$250

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