

MEMBERSHIP

APPLICATION

Company: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Fax number: _____ Phone number: _____

E-mail: _____

NOTE: Dues are based on volume of total sales

\$125.00 a month.....volume of sales less than \$15 million

\$175.00 a month.....volume of sales \$15 million to \$24,999,999.99

\$275.00 a month.....volume of sales \$25 million to \$74,999,999.99

\$325.00 a month.....volume of sales \$75 million to \$99,999,999.99

\$375.00 a month.....volume of sales \$100 million and above

Please make check payable to
The Louisiana Association of Wholesalers.

Mail form and payment to:
Louisiana Association of Wholesalers
P.O. Box 82531
Baton Rouge, LA 70884