

WIA's State Wireless Association Program
Membership Application



Company _____ Year Established _____

Company Representative _____ Title _____

Address _____

City _____ State _____ Zip _____

Business Telephone (_____) _____ Fax (_____) _____

Email Address _____

Company's Primary Operation _____

Annual Dues Information

Annual dues for membership in WIA are based upon the package type selected:

Basic Membership:	\$5,000
Custom Membership*:	(Per attached Exhibit if applicable)

*Custom Memberships include "add-on" services to the Basic Membership package for associations that need more assistance than provided in the Basic package agreement. These are negotiated on an individual association basis.

Payment Information:

Please make all checks payable to WIA and mail to:

WIA – The Wireless Infrastructure Association
500 Montgomery Street, Suite 500
Alexandria, VA 22314

c/o: Membership Dues _____ Enclosed is my check for annual dues

Pay by Credit Card: American Express VISA MasterCard Discover

Cardholder Name: _____

Signature: _____

Credit Card Number: _____

Security Code: _____ Expiration Date: _____

For immediate processing, email this application to ashley.jackson@wia.org.