



Join Today

ASSOCIATE & TRADE APPLICATION

Company:		
DBA Company Name if Applicable:		
Contact Name:	Title:	Cell Phone:
Email:		
Main Address:		
City:	State:	ZIP Code:
Company Phone:	E-mail:	Fax:
Toll-Free Number:	Date Service Began:	
Website Address:		
Please provide a brief description of products and services offered by your company:		
Is your company a member of the National Limousine Association (NLA) ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Associate Membership \$200		Trade Membership \$300
I certify that the above information is true and correct.		
Print Name:		
Signature :		Date:
<p>Wisconsin Limousine Association 433 E Chippewa Street Cadott, WI 54727 715-828-6004</p> <p>Website: www.wisconsinlimo.org Email: admin@wisconsinlimo.org</p> <p>Company information submitted on this application will be displayed on the WLA website.</p>		