WCAA INDUSTRY PARTNER APPLICATION

Desired Industry Partner Level:
☐ Diamond  ☐ Platinum  ☐ Gold  ☐ Silver  ☐ Bronze

Contact Information

Contact Name: ___________________________________________

Organization Name: _______________________________________

Organization Address:

Street Address ___________________________________________

Unit # ___________________________________________________

City ___________________________________________ State ____ ZIP Code ___________

Organization Phone: ___________________________ Contact Phone: ___________________________

Contact Email: ___________________________________________

Business Information

Company’s Primary Discipline(s) – check all that apply:
☐ Workroom  ☐ Designer  ☐ Decorator  ☐ Installer  ☐ Manufacturer  ☐ Retailer
☐ Service Provider  ☐ Distributor  ☐ Educator  ☐ Magazine  ☐ Upholstery  ☐ Sales Rep
☐ Dealer  ☐ None of these

Specialties – check all that apply:
☐ Accessories  ☐ Designer  ☐ Fabric Sales  ☐ Furniture  ☐ Installer  ☐ Slipcovers
☐ Workroom  ☐ Bedding  ☐ Decorator  ☐ Floor Coverings  ☐ Hard Window Treatments
☐ Pillows  ☐ Soft Window Treatments

Geographic Area Served:
☐ Local  ☐ National  ☐ Regional  ☐ International

Federal/State Certifications:
☐ Small Business  ☐ Minority Owned  ☐ Woman Owned  ☐ Disadvantaged Business
☐ No Federal/State Certifications

If you do not have full-time employees, what is your work status?
☐ Part-Time  ☐ Full-Time  ☐ I have full-time employees

Base of company operations?
☐ Home Based  ☐ Single Store Front  ☐ Multiple Stores/Retail Locations  ☐ Distributor

Estimated Gross Annual Sales: ______________________________

Years in Business: _________________________________________

Number of Employees: ______________________________________

Please return completed application to Renee Williamson, WCAA Executive Director, via email at renee@wcaa.org.