



ASSOCIATE MEMBERSHIP APPLICATION

Business Name: _____

Business Location: _____

Mailing Address (if different): _____

Phone: _____

Fax: _____

E-Mail: _____

Web Page: _____

Principal Officers: (Name and Position):

1. _____

2. _____

3. Your Main Contact/Title for WRRA: _____

List type of equipment, goods or services you provide: _____

How long has your firm been in business? _____

Recommended by which WRRR Member or Staff; ORRA, or CRRC: _____

Please contact a WRRR Member or staff person prior to listing their name or attach a letter from the Oregon Refuse and Recycling Association or the California Refuse & Removal Council.

Dues must be received with application. Associate Member dues are \$800 per calendar year, and must be fully paid annually in order to attend and participate in association activities. Dues are not prorated for the following year.

WRRR's primary purpose is the advocacy of the solid waste industry. The single most important factor to that advocacy is our members' compliance with all the solid waste, recycling and environmental laws and regulations of the state of Washington and the federal government. Such compliance is expected of all regular and associate members. With your signature your company is pledging such compliance.

I certify our compliance with all state laws and regulations, and all information to be complete and correct.

Signature

Position/Title

Date

FOR OFFICE USE ONLY

Received by WRRR _____

Date of Board Meeting _____

Board Action: _____