



MEMBERSHIP APPLICATION

SCWA ANNUAL DUES - \$150

OR

PLATINUM OPERATOR - \$750

PLATINUM VENDOR - \$1500
(for Platinum benefits see reverse side)

FIRST NAME: _____ LAST NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Type of Business Conveyor Exterior/Express Self-Serve Automatic Detail Lube Supplier

SCWA Sponsor (If Applicable): _____

Please Charge: Mastercard Visa Exp. Date _____ VCode _____

Card # _____

Signature: _____

Enclosed is Check # _____ in the Amount of \$ _____