



WCAA Triangle Chapter
Window Coverings Association of America
Membership Application

Name: _____ Bus Phone: _____

Bus Name: _____ Fax: _____

Address: _____ Cell phone (opt): _____

_____ Home phone (opt): _____

Email: _____ Website: _____

Type of Business:

- Retail Workroom Wholesale Workroom Decorator/Workroom
- Designer / Decorator Retail store – product type _____
- Industry Partner Other _____

In business since: _____ (year) Full-time Part-time

What other professional associations do you belong to?

What can you share with the chapter about our industry?

WCAA national dues must be paid for the current year before chapter membership and dues can be accepted. WCAA membership number: _____ (call WCAA office if you do not know your number)

Annual Dues \$40. Check payable to: **WCAA Triangle Chapter**

Send this completed application and dues to:

Membership, attn: Julia Hash
WCAA Triangle Chapter Treasurer
2613 Jasper Lane
Raleigh, NC 27613

I certify that I am a bona fide window coverings business and that I accept the responsibilities as stated in the WCAA Code of Ethics. _____ (signature of applicant)

Code of Ethics: As members we pledge to serve the public with honesty, to advertise truthfully, to advise customers responsibility, and to stand behind the merchandise we sell.

We are happy to answer any questions you have.

Bianca Henry jambian4@aol.com

Copy to Secretary for chapter directory. Info copy to President and VP.
