



**Western Carwash Association**  
 950 Glenn Drive, Suite 150  
 Folsom, CA 95630  
 800-344-9274 | 916-235-4135  
 916-932-2209 Fax | info@wcwa.org  
 www.wcwa.org

**WCA Membership Application**

Date: \_\_\_\_\_

Car Wash/Firm Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Owner/Contact Name (please list only one name): \_\_\_\_\_

Preferred E-MAIL(used only by WCA & WCIA updates): \_\_\_\_\_

Web site: \_\_\_\_\_

Preferred Mailing Address (please correct or complete):  Home Address –OR–  Work Address

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

CA State Registration Number: \_\_\_\_\_

CA State Registration Expiration Date: \_\_\_\_\_

**Facility Information: What type of facility do you have?**  
 Self Serve     Conveyor     Detail     Lube     In-Bay Automatic     Other \_\_\_\_\_

**More than one location?**  Yes  No **If yes**, how many: Conveyor \_\_\_\_\_ Detail \_\_\_\_\_ Lube \_\_\_\_\_  
 In-Bay Automatic \_\_\_\_\_ Self Serve \_\_\_\_\_ **If Self Serve, how many self-serve bays to you operate?** \_\_\_\_\_

**What states are your business located (please abbreviate)?** \_\_\_\_\_

**What other profit centers do you have at your facility?**  
 Gasoline     Gift Shop     C-Stores     Other \_\_\_\_\_  
 Detailing     Quick Lube     Fast Food     Other \_\_\_\_\_

**Facility Description:** Please provide a brief description (50 words or less) of your operation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**WCA Membership Agreement**

Upon submission of this renewal invoice, I hereby reaffirm my agreement to act in accordance with the laws, rules, and regulations in the state(s) my business operates, the federal government, and in accordance with the Code of Ethics, Standards of Practice, and bylaws of the WCA. Failure to do so may result in the termination of my membership without refund. Once accepted into membership, dues are non-refundable. I understand that I will receive correspondence via fax/phone/e-mail sent by or on behalf of the WCA.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Payment for Membership Dues**  
*WCA membership is annual and expires one year after payment is processed*

**Member Type:**  CONVEYOR OPERATOR (GL4010) - \$200     SELF-SERVE/IBA OPERATOR (GL4015) - \$100  
 DETAIL ONLY SHOP (GL4020) - \$120     SUPPLIER/DISTRIBUTOR/MANUFACTURER (GL4025) - \$200

**Payment Options:**  Visa     MasterCard     AMEX     Discover    **Dues** \$ \_\_\_\_\_  
 Check # \_\_\_\_\_ enclosed (**Checks payable to WCA**)    **Total enclosed** \$ \_\_\_\_\_

Card Number \_\_\_\_\_ V-Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Your check, money order or credit card statement is your receipt. WCA dues are not tax deductible as a charitable contribution for Federal Tax purposes, but may be deductible as a business expense.

**PLEASE COMPLETE BACKSIDE OF INVOICE**

<b>WCA Member Benefits – I am <i>currently</i> enrolled in or use the following benefits:</b>		
<input type="checkbox"/> Charity Carwash Program <input type="checkbox"/> FREE Web Site <input type="checkbox"/> Credit Card Processing <input type="checkbox"/> Thanks Again Loyalty Program <input type="checkbox"/> <b>WCIA Insurance</b> <b>For quote 800-388-9274</b>	<input type="checkbox"/> Best Management Practices & Wastewater Manual <input type="checkbox"/> ForeIncentives <input type="checkbox"/> Human Resource Services <input type="checkbox"/> Mystery Shopper <input type="checkbox"/> ShotRocket Video	<input type="checkbox"/> Posters <input type="checkbox"/> Outsource EPA/OSHA Compliance <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<b>WCA Member Benefits - I am <i>interested</i> in learning more about the following benefits:</b>		
<input type="checkbox"/> Charity Carwash Program <input type="checkbox"/> FREE Web Site <input type="checkbox"/> Credit Card Processing <input type="checkbox"/> Thanks Again Loyalty Program <input type="checkbox"/> <b>WCIA Insurance</b> <b>For quote 800-388-9274</b>	<input type="checkbox"/> Best Management Practices & Wastewater Manual <input type="checkbox"/> ForeIncentives <input type="checkbox"/> Human Resource Services <input type="checkbox"/> Mystery Shopper <input type="checkbox"/> ShotRocket Videos	<input type="checkbox"/> Posters <input type="checkbox"/> Outsource EPA/OSHA Compliance <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<b>WCA Committees - I am interested in serving on one of these committees when the opportunity is available:</b>		
<input type="checkbox"/> Awards/Nominating <input type="checkbox"/> Conveyor <input type="checkbox"/> Environmental <input type="checkbox"/> Finance	<input type="checkbox"/> Insurance/Safety <input type="checkbox"/> Legislative/Legal <input type="checkbox"/> Membership <input type="checkbox"/> Public Relations	<input type="checkbox"/> Program-Seminar <input type="checkbox"/> Self-Serve <p style="text-align: right;"><i>Committee involvement is voluntary and expenses incurred may or may not be reimbursed.</i></p>
<b>WCA Member Communications</b>		
<input type="checkbox"/> I wish to be listed as a charity friendly car wash. <input type="checkbox"/> I do not wish to appear on the consumer searchable database. <input type="checkbox"/> I do not wish to receive fax or email correspondence from WCA. <input type="checkbox"/> Please remove me from outside (organizations not endorsed by WCA) mailing list requests.		

**What can WCA do for you?**

Please let us know of services and products that you would like to see WCA offer:

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