



2019 WSWA WHOLESALER MEMBERSHIP APPLICATION

RETURN APPLICATION TO:

ATTN. MEMBERSHIP

WSWA
805 15th St., NW, Suite 1120
Washington, DC 20005

OR FAX (202) 789-2405

QUESTIONS:

CONTACT MEMBERSHIP AT:

(202) 371-9792 OR membership@wswa.org

NAME OF APPLICANT COMPANY		DBA (if applicable)	
PRIMARY CONTACT NAME	NICKNAME	TITLE	
DIRECT TELEPHONE	EMAIL		
DESIGNATED WSWA BOARD MEMBER NAME (if different from primary contact)	NICKNAME	TITLE	
DIRECT TELEPHONE	EMAIL		
COMPANY MAILING ADDRESS		CITY/STATE/ZIP	
COMPANY PHYSICAL ADDRESS (if different from mailing address)		CITY/STATE/ZIP	
COMPANY TELEPHONE	COMPANY FAX	WEB ADDRESS	GENERAL EMAIL
<input type="checkbox"/> Do you have additional operating locations other than that listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> If yes, please list address(es): _____			

COMPANY BACKGROUND

FAA BASIC PERMIT NUMBER	DATE GRANTED	STATE LICENSE/PERMIT NUMBER	DATE GRANTED
<input type="checkbox"/> Date present business started operations (actual sales to retailers): _____ (In order to be eligible for WSWA membership, a company must have been engaged for at least one continuous year as a wholesaler primarily engaged in wine and/or spirits distribution.)			
<input type="checkbox"/> Is the primary business of the firm to purchase products direct from suppliers for the distribution of these products for sale, at wholesale, to independent retailers within your market area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Names of primary wine and/or distilled spirits suppliers from whom you purchase products direct: _____			
<input type="checkbox"/> Do you actively solicit business from the retail trade? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> What is the approximate number of independent retailers in your market area with whom you regularly conduct business? _____			
<input type="checkbox"/> Do you, or any member of your immediate family, have any connection with – or financial interest in – the offering of wine and/or spirits for sale at the retail level? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			

COMPANY OPERATIONS

Number of full-time employees: _____

GENERAL & ADMINISTRATIVE	WAREHOUSE & OCCUPANCY	SALES	SHIPPING & DELIVERY	OTHER	TOTAL NUMBER
SIZE OF WAREHOUSE (FLOOR SPACE SQUARE FOOTAGE)		NUMBER OF DELIVERY TRUCKS			
<input type="checkbox"/> Services provided for customers: _____					
<input type="checkbox"/> Beverage products distributed besides wine and/or spirits, if any: _____					
<input type="checkbox"/> Non-beverage products distributed, if any: _____					

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REFERENCES

■ Please provide the names of two WSWA member wholesalers who are familiar with your operation:

NAME	COMPANY
ADDRESS	CITY/STATE/ZIP

NAME	COMPANY
ADDRESS	CITY/STATE/ZIP

SALES VOLUME - DUES PAYMENT

Contributions or gifts to WSWA are not tax deductible as charitable contributions for income tax purposes; however, they may be deductible as ordinary and necessary business expenses, subject to restrictions imposed as a result of association lobbying activities. WSWA will estimate the non-deductible portion of your dues (the portion which is allocable to lobbying). The current 2019 schedule of dues for membership in WSWA, as directed by the Board of Directors, is attached. Dues payments are based only on annual spirits and wine sales volume. Do not include sales from beer or other beverages when calculating appropriate dues payment. Dues check (payable to "WSWA") must accompany application. The data you report will be held in strict confidence. WSWA staff alone is in possession of this information.

■ Please indicate annual gross sales volume by category for the latest fiscal year:

Distilled Spirits: \$ _____
 Wine \$ _____
 Beer* \$ _____
 Other* \$ _____
TOTAL: \$ _____

*Do not count in dues calculation

MISCELLANEOUS INFORMATION

- Has your firm ever been a member of WSWA? Yes No
- How did you hear about WSWA? _____
- In what areas do you believe WSWA could be of benefit to your business? _____
- In which other beverage alcohol industry association(s) does your firm have membership, if any? _____

SIGNATURE OF INDIVIDUAL FILING APPLICATION

TITLE

DATE

THE OBJECTIVES OF WSWA

The purposes for which WSWA is organized are:

- (a) To promote the welfare of the industry and the interest of the public in matters pertaining to the industry and, to that end, to encourage sound and equitable legislative and administrative measures, particularly those designed to improve the conditions under which alcohol beverages are sold and consumed;
- (b) To foster, through lawful educational methods, mutual relations of trust, understanding and cooperation among the members of the industry and between the industry and public officials and the public generally;
- (c) To foster temperance by opposing prohibition in all its forms and promoting moderation in the use of alcohol beverages;
- (d) To foster the principle of free enterprise, under sound regulations, in the wine and spirits industry;
- (e) To collect, preserve and disseminate lawful statistical information pertaining to the industry; and,
- (f) To exercise its powers for scientific and educational purposes, but not for business purposes or pecuniary profit in any form.

WSWA BY-LAWS

(From Article III, Sections 1 and 2.)

1. Members. Any duly licensed person, firm or corporation that:
 - a) Holds a basic permit under the Federal Alcohol Administration Act as a wholesaler; and,
 - b) Holds an appropriate state license and/or permit as a wholesaler; and,
 - c) Is primarily engaged in business as a wholesaler of distilled spirits and/or wine and, in conjunction therewith, also may be engaged in business as a wholesaler of malt beverages; and
 - d) Has, for at least one continuous year, been so engaged (as provided in subparagraph c) and has purchased such alcohol beverages from the primary source of supply for resale at wholesale to independent retailers within the state, shall be eligible to become a regular member of the Association.
2. Any applicant for membership in the Association shall support the principles and purposes of WSWA, which include:
 - a) Preservation of the integrity of the three-tier system of distribution; and
 - b) Advocacy of the vital role of the independent wholesaler in the system of distribution.

DO NOT WRITE IN THIS SPACE – FOR WSWA OFFICE USE ONLY

Date application received: _____ Dues payment amount: \$ _____ Check Number: _____
 Member ID number assigned: _____ Date application acknowledgement sent: _____
 Date notification of Board action sent: _____