



Northwest Door & Operator Association

PO Box 33303
Portland, OR 97292
Tel: 503-961-8889 Fax: 503-961-8889
Email: info@nwdoors.org

PURPOSE OF THE ASSOCIATION:

1. To initiate, sponsor, promote and carry out plans and activities which will further the prosperity and development of the Door & Access Systems industry.
2. To form a group of persons thoroughly representative of the business and professional interests of the Door & Access Systems industry, and to unite its members in the bonds of good fellowship and to promote a closer business and social union among them.

MEMBERSHIP APPLICATION

COMPANY NAME _____ CONTACT : _____
 PH #: _____ FAX #: _____ E-MAIL: _____
 MAILING ADDRESS _____ CITY/ST/ZIP _____
 PHYSICAL ADDRESS _____ CITY/ST/ZIP _____
 (Please list other locations on back)
 CCB# _____ EXP DATE _____ FED ID#/S.S.# _____
 WA REG # _____ EXP DATE _____ WORK COMP CARRIER _____

WOULD YOU LIKE TO RECEIVE NOTICES, NEWSLETTER AND OTHER NWDOA INFO? YES NO
(Please list everyone on back that you would like to receive notices & newsletters)

PREFERRED WAY TO CONTACT e-mail Fax other How _____

ASSOCIATE MEMBER – Supplier or Manufacturer who sells wholesale to dealer
DEALER MEMBER - Dealer who repairs, installs, sells retail garage doors/operators

NEW DEALER MEMBER **RENEWING DEALER MEMBER** **ASSOCIATE MEMBER -**

PROCESSING FEE...\$25.00 (one time fee) ANNUAL DUES.....\$50.00 ANNUAL DUES\$250.00
 ANNUAL DUES.....\$50.00
 TOTAL DUE.....\$75.00

TOTAL ENCLOSED: _____

Return By December 31st to be Included in the Membership Directory

I state that the information presented here is true. I will strive to uphold the code of ethics of the NORTHWEST DOOR & OPERATOR ASSOCIATION.

DATE _____ SIGNED _____ TITLE _____

Office use only:
 FOR NWDOA TREASURER: DATE REC'D _____ CK# _____

Other Locations or Branches:

COMPANY NAME _____

CONTACT : _____

PH #: _____ FAX #: _____

E-MAIL: _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

PHYSICAL ADDRESS _____

CITY/ST/ZIP _____

COMPANY NAME _____

CONTACT : _____

PH #: _____ FAX #: _____

E-MAIL: _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

PHYSICAL ADDRESS _____

CITY/ST/ZIP _____

COMPANY NAME _____

CONTACT : _____

PH #: _____ FAX #: _____

E-MAIL: _____

MAILING ADDRESS _____

CITY/ST/ZIP _____

PHYSICAL ADDRESS _____

CITY/ST/ZIP _____

Please Send Newsletters and/or Notices to the following people:

NAME: _____ E-MAIL OR FAX # _____

PREFERRED WAY TO CONTACT e-mail Fax other How _____

NAME: _____ E-MAIL OR FAX # _____

PREFERRED WAY TO CONTACT e-mail Fax other How _____

NAME: _____ E-MAIL OR FAX # _____

PREFERRED WAY TO CONTACT e-mail Fax other How _____

NAME: _____ E-MAIL OR FAX # _____

PREFERRED WAY TO CONTACT e-mail Fax other How _____

NAME: _____ E-MAIL OR FAX # _____

PREFERRED WAY TO CONTACT e-mail Fax other How _____