



International Window Cleaning Association Membership Application



Contact Information

Company Name _____

Contact Name _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____

E-mail _____ Web site _____

Cell Phone _____ Authorize to use for: Phone Call Text

Demographics

Do you own your own business? _____

No. of years in Window Cleaning Industry _____ No. of full-time employees _____ No. of part-time employees _____

How did you hear about IWCA? _____

Primary Business Type: High Rise Commercial Ground Route Residential

Type of Window Cleaning (please check all that apply):

- Awning Cleaning
- Blind Cleaning
- Caulking
- Commercial Buildings
- Construction Clean-up
- Glass Restoration
- Gutter Cleaning
- Industrial Buildings
- Pressure Washing
- Residential
- Steam Cleaning
- Store front
- Waterproofing
- Window Tinting

Please list the cities your company serves (limit of five)

1. _____
2. _____
3. _____
4. _____
5. _____

Membership Categories

Professional Member (See chart for dues amount)
Firms engaged in the provision of window cleaning services

- Under \$100,000 in gross sales.....\$250 year
- Under \$500,000 in gross sales.....\$375 year
- Under \$1,000,000 in gross sales.....\$550 year
- Over \$1,000,000 in gross sales.....\$800 year
- First-Time member processing fee\$25

Associate Member
Firms engaged in the manufacturing, converting or supplying of products or services needed in the window cleaning industry.

- Under \$500,000 in gross sales.....\$350 year
- \$500,000 to \$1,000,000 in gross sales\$750 year
- Over \$1,000,000 in gross sales.....\$1,000 year
- First-Time member processing fee\$25

Corresponding Membership
Any organization or individual such as libraries, management consultants, associations, unions, attorneys, accountants, industrial engineers, government agencies and architects interest in the window cleaning industry or those who do not qualify for any other category of membership.

- Membership rate\$225
- First-Time member processing fee\$25

Payment Information

Check Enclosed

Make check payable in U.S. funds to
 International Window Cleaning Association
 400 Admiral Blvd
 Kansas City, MO 64106
 Fax: 816.472.7765

Total Amount Due _____

Check No. _____

Credit Card (please complete the following information)

MasterCard Visa American Express

Account No. _____

Expiration Date _____

Cardholder Name _____

Authorized Signature _____

Total Amount Due _____