



World Wide Pet Supply Association, Inc.
A California Non-Profit Corporation

M E M B E R S H I P A P P L I C A T I O N

ASSOCIATE

Application for membership in World Wide Pet Supply Association, Inc. (WWPSA) is hereby made as provided for in its By-laws.

The purposes for which this association is formed are voluntary and without monetary profit to the Association or to any member thereof:

- a To promote the growth and development of the pet and pet product market.
- b To promote and support the manufacturer to distributor relationship.
- c To support reasonable efforts of the pet industry to enhance the cause of responsible pet ownership by the general public and to promote responsible care, treatment and handling of companion animals in the pet industry.
- d To study and understand the emotional, psychological and companionate relationship inherent in pet ownership and to advance the benefits and advantages thereof.
- e To publish a news bulletin and educational material pertaining to the industry.
- f To provide publicity and public relations for the industry.
- g To organize and sponsor pet industry trade shows.
- h To establish such subsidiary or affiliate organizations in the furtherance of these purposes as may be legally undertaken by the association.
- i To develop and present educational programs.

WWPSA recognizes firms as eligible to hold a non-voting membership which meet the following qualifications:

An individual, a corporation, partnership, estate or trust which is engaged in one of the following businesses and every voting membership must, each year, designate its voting representative in writing:

ASSOCIATE MEMBER: A person, business entity, organization or professional with involvement with pets, the pet industry, pet services, or the pet product market not otherwise listed in a category above and approved for membership by a vote of the Board of Directors. An Associate Member shall not have a vote nor be eligible to hold a seat on the Board of Directors or an elected office of the Association.

When ownership in a member business changes, membership terminates. The new ownership shall apply for new membership.

The sum of \$550 in U.S. funds is tendered herewith in payment of dues for one calendar year starting January 1st.

MEMBERSHIP APPLICATION

ASSOCIATE

Please answer every question and type or print clearly. Applications will not be considered if incomplete. Use your letterhead if necessary to supply all information.

Firm Name: _____ Phone: () _____

FAX: () _____

Street Address: _____

Post Office Box: _____

City/State/Zip Code: _____

Designated Representative: _____

When did firm begin conducting business? (Month/Year) _____

When did firm begin conducting business in the pet industry? (Month/Year) _____

Applicant firm is a (check one):

Corporation. Incorporated in what state? _____ When (MM/DD/YY) _____

Partnership. Names of all partners: _____

Sole Proprietorship.

Other. Please describe: _____

Names of Officers

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Has Applicant any ownership connection or other affiliation (*legal, business or familial*) with any other firm in the pet industry?

YES NO. If yes, explain: _____

Is this other firm a member of WWPSA? YES NO.

Has Applicant ever been a member of WWPSA? YES NO.

Under same name? If so, when? _____

If so, state name and year(s): _____

Do you issue a catalog? YES NO. If yes, please attach a copy.

Check current industry memberships Applicant holds:

Southern California Professional Groomers Ass'n. (ACPGA)

American Pet Product Manufacturer Assoc. (APPMA)

Pet Industry Joint Advisory Council (PIJAC)

Pet Industry Distributor Assoc. (PIDA)

Pet Care Trust (PCT)

Pet Sitters Association

American Boarding Kennels Ass'n. (ABKA)

M E M B E R S H I P A P P L I C A T I O N
A S S O C I A T E

1. How many employess do you have? (all locations) _____

2. Check description below which best suits your business (**check only one**):

- | | | |
|---|---|---|
| 24 <input type="checkbox"/> Consultant (PR, Marketing, Advertising, etc.) | 91 <input type="checkbox"/> Dog Breeder | 80 <input type="checkbox"/> Grooming School |
| 05 <input type="checkbox"/> Importer/Exporter | 08 <input type="checkbox"/> Society / Association | 09 <input type="checkbox"/> Hobbyist Club |
| 13 <input type="checkbox"/> Humane / Pet Rescue | 23 <input type="checkbox"/> Governmemnt Agency | 26 <input type="checkbox"/> Travel Agency |

Other (please describe): _____

3. List three industry suppliers with whom you do business:

- a _____
b _____
c _____

4. Please attach the following and submit with this Application:

- a A copy of your business license or other business document showing your company's legal business status. (i.e. - city business license)

We agree to abide by the By-laws of WWPSA and with all regularly adopted amendments thereto. We also agree to conscientiously conduct our personal relationship with the trade and in all matters pertaining to business in conformity with recognized standards of business practice. We declare all information contained in this Application and questionnaire to be true and accurate. Further, we understand that acceptance of this Application and membership in the Association is subject to approval of its Board of Directors and that we will be notified of the Board's action.

By Applicant's signature below, Applicant consents to the dissemination of all information contained in or attached to this Application to members of the Association's Board of Directors in order that the Application may be processed notwithstanding the fact that some members of the Board may be competitors of the Applicant and Applicant hereby releases the Association from any and all claims alleged to have occurred as a result of the release of information contained in this Application.

Permission is given to contact all references given in this Application.

Signature of Applicant's

Designated Representative: _____ Date of Application: _____

Annual Membership Fees for Calendar Year beginning January 1st)

\$550 per compnay Total payment enclosed: \$ _____

Method of Payment: Check (Make payable to WWPSA) MC / Visa American Express

Card Number: _____ Exp. Date: _____

Signature: _____

Mail Application with all required attachments and payment to:

WWPSA
406 South First Avenue, Arcadia, CA 91006-3829 USA
Telephone: (626) 447-2222 FAX: (626) 447-8350
E-mail: info@wwpsa.com URL: www.wwpsa.com

For Office Use Only

Date application received: _____ All required materials & payment received _____

Date application approved: _____

