



P.O. Box 10705
GREEN BAY, WI 54307-0705

Application for Membership

Company Name: _____

Mailing Address: _____

City: _____

State: Wisconsin **Zip:** _____

Contact Name: _____

Title: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email: _____

Web Site: _____

Company Profile:

Membership Type: (please check one)

Warehouse Member: _____ (Dues based on square footage)

Total square footage for all WI locations: _____ sq ft

Associate Member: _____ (\$250)

Associate Member with web site upgrade: _____ (\$350)

Please email completed form to Sam Vainisi at sam@bdwhse.com or
Fax to Attn: Sam Vainisi at 920.499.1444