



Wisconsin Floor Covering Association (WiFCA) Membership Application

For the period ending December 31, 2022

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Phone 1. (_____) _____ Phone 2. (_____) _____

Fax (_____) _____ Website _____

Email _____

WiFCA Only Membership \$100

WiFCA Manufacturer/Distributor Rep \$100 WiFCA Mfr/Dist. 5-9 Reps \$375

WiFCA Mfr/Dist. 10 or more Reps \$675

Please submit payment with completed application to:

Wisconsin Floor Covering Association

P.O. Box 259301

Madison, WI 53725-9301

Attn: Roger Hegg

Questions? Call Roger at 608-577-0960

Email : rramjet4@msn.com

Make checks payable to: Wisconsin Floor Covering Association, or pay by credit card:

MC/ Visa/Amex/Discover # _____ V-Code* _____ Exp _____

* Please include the 3-digit V-code on the back of your card (if Amer. express 4 digit code on front)

Also if using credit card name and billing address if different than contact name/address/zip

Signature _____ Amount _____

WiFCA membership dues paid to the WFCFA are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary business expenses.