



Wisconsin Floor Covering Association (WiFCA) 2024 Membership Application

For the period ending December 31, 2024

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 \$125*

*This includes retailer, installer, nonmanufacturer/distributor reps

WiFCA Manufacturer/Distributor Rep \$125 WiFCA Mfr/Dist. 2-4 Reps \$250

WiFCA Mfr/Dist. 5 or more Reps \$400

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 online 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.