Wisconsin Floor Covering Association (WiFCA)
2027 Membership Application

For the period ending December 31, 2027

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, non-manufacturer/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 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 WFCA are not tax deductible as charitable contributions; however, they may be tax deductible as ordinary business expenses.