



2024 WSWA ASSOCIATE MEMBERSHIP MEMBERSHIP APPLICATION

QUALIFICATIONS

To qualify for Associate Membership, your firm must be one of the following:

- Producer or importer of alcoholic or non-alcoholic beverages
- Producer or marketer of products that are used by suppliers or wholesalers/distributors of beverages
- Consultant to suppliers or distributors of beverages
- Trade/professional association serving suppliers or distributors of beverages
- Member of industry print or trade media

MEMBERSHIP DETAILS

- Associate members will be approved and notified by email within 5 days of application submission.
- Membership is annual and runs from January 1 - December 31. It is a corporate membership
- Membership level cannot be reduced during the membership year.

CANCELLATION POLICY

Membership cannot be cancelled during the course of the membership year. Associate Membership dues are non-refundable.

ABOUT WSWA

The principal objective of Wine & Spirits Wholesalers of America, Inc. (WSWA) is to promote the welfare of the alcohol beverage industry and the interest of the public in matters pertaining to the industry.

WSWA also seeks to foster mutual trust, understanding and cooperation among members of the industry and between the industry and the public generally. WSWA strives to further these objectives through its relationship with Associate Members.

QUESTIONS:

Contact Membership at:

202-243-7502 OR

membership@swa.org

RETURN FORM TO:

ATTN. MEMBERSHIP

WSWA, 805 15th St., NW, Suite 1120
Washington, DC 20005

OR EMAIL to
membership@swa.org

COMPANY/CONTACT INFORMATION:

Company Name

Prime Contact Person

Title

Street Address

City

State

Zip

Office Phone

Email

Mobile Phone

Company Website

COMPANY DESCRIPTION: (PLEASE CHECK ALL THAT APPLY)

Beverage Alcohol Supplier

Product/Service Provider

Broker

Trade Media

Consultant

Vendor

Distiller

Vintner/Winery

Importer

Other _____

Industry Trade Association

MEMBER LEVEL:

Diamond \$10,000

Platinum \$6,000

Gold \$3,000

Silver \$1,500

PAYMENT: (PAYMENT MUST ACCOMPANY THIS FORM)

A check in the amount of \$ _____ made payable to WSWA is enclosed.

Please charge \$ _____ to my credit card*:

VISA

MasterCard

American Express

Card Number

Expiration Date

Security #

Cardholder's Name

Signature (Credit cards cannot be processed without the necessary credit card information and signature.)

*a 3% processing fee will be added to all credit card transactions