

2025 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@wswa.org

RETURN FORM TO:

ATTN. MEMBERSHIP



WSWA, 805 15th St., NW, Suite 1120 WSVVA, 600 ... Washington, DC 20005



OR EMAIL to membership@wswa.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)

Non-Alc Beverage Supplier Beverage Alcohol Supplier Broker Product/Service Provider

Consultant Trade Media

Distiller Vendor

Importer Vintner/Winery

Industry Trade Association

Other ____

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