



4200 Wisconsin Avenue, Suite 500
Washington, DC 20016
Phone: 202 296-1550
Fax: 703 938-1725
Email: info@washingtonparkingassociation.com
Website: www.washingtonparkingassociation.com

Associate Membership Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact Name: _____

Title: _____

E-mail: _____

Web Address: _____

Classification of Business or Services: (i.e. Building Services, Uniforms, Printing, Parking Equipment, Insurance, etc.)

Membership in Civic & Business Organizations:

I hereby request membership as an Associate Member in the Washington Parking Association and enclosed is a check for \$250.00 to pay this year's calendar dues.

(Make check payable to: Washington Parking Association and
Remit to: 4200 Wisconsin Avenue, N.W. Suite 550, Washington, D.C. 20016)

Signed: _____

Sponsor: _____

Date: _____

Board of Director's Action: _____