

WMA REGIONAL REPRESENTATIVE APPLICATION

Name _____

Licensee Affiliation _____

Please read each statement below and place your initials in the space provided:

I have served as a management employee, officer, director, member, or shareholder of a Wilbert licensee for at least the past five (5) consecutive years. My experience is with the following Wilbert licensee(s) during the following time period(s):

I have attended AT LEAST one (1) Regional or Annual WMA Meeting each of the past three (3) consecutive years. The meetings I have attended include the following:

I am willing to contribute twenty (20) hours of each month to the WMA and WMA-related activities. I am willing and able to travel to the BOD meetings, Regional Meetings, and Annual Meetings to represent my Region. If I am not the owner of the business, I have the support of my Wilbert Licensee's ownership to participate and remain active in WMA Board commitments and can have documentation provided to the Board.

The Wilbert Licensee I represent generates 90% or more of its burial vault revenue from the sale of Wilbert brand name burial vaults.

I DO NOT occupy any position as an officer, director, member, or shareholder of ANY entity that is a burial vault competitor of Wilbert.

The Wilbert License I am affiliated with is in GOOD STANDING with WFSI and the WMA.

