



P.O. Box 863, Brookfield, WI 53008--0863
 waaea@waaea.org
 http://waaea.org

Membership/Renewal Application

Application Date: _____

(Please enter your preferred addresses and phone number; i.e. work or home)

Name _____ Title _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Phone Number _____
 Email: _____

New Members: Please fill the information below:

Undergraduate degree(s) and graduation date(s) _____
 Postgraduate degree(s) and graduation date(s) _____
 Colleges/Universities attended _____
 Professional Registration(s) _____

All Members: Please select the committees that you are interested in joining:

Membership Social Publication Education Finance

Membership Grades and Annual Dues: (Please Note: Fiscal Year is April 1 to March 31)

Full and Associate Membership: \$30 per year

Student Membership: \$10 per year

Amount enclosed: _____

For office use only:

New Membership		Check #	
Renewal		Check Date	
Change of info			