



Annual Membership Application

Name: _____

Credentials: _____

Title: _____

Business Phone: () _____

Home Phone: () _____

Organization: _____

Business Address: _____

City: _____ State: ____ Zip: _____

County: _____

E-mail address: _____

Signature: _____

Please include dues of \$45/one year

Make checks payable to WAHQ and mail to:

Tim Kamps, WAHQ Treasurer

360 W Washington Ave #P110

Madison, WI 53703