



## Annual Membership Application

Name (First, Last):
Credentials:
Work Title:
Business Phone (including area code):
Home Phone (including area code):
Organization:
Business Address:
City:
State:
Zip Code:
County:
Email address:
Signature:

**Please include dues of \$45/one year - make checks payable to WAHQ and mail to:**

Tim Kamps, WAHQ Treasurer

6750 S Chickahauk Trail

Middleton, WI 53562