



WPMA New Member Information Form

Please Print Legibly

Name: _____

Address below:

Street: _____

City: _____

State: _____ Zip Code _____

Phone: _____ (Home/Cell)

Email Address: _____

Paid Date: _____ **Received By:** _____

Cost of 1 year membership is \$10.00 (memberships run from January 1 to December 31)
Payment by cash or check. Do not send cash in regular postal mail.

You will be contacted by someone from WPMA to complete your membership.

Send to WPMA Treasurer, N6018 Hwy 32, Sheboygan Falls, WI 53085