

WSTMA Membership Application

Name

Title

Affiliation

Address

City

State / Zip

Business Phone / Fax Number

E-mail Address

\$45.00

Amount Enclosed

Check

MasterCard

Visa

Discover

American
Express

Name as it Appears on Card

Card No.

Expiration Date

Signature

Date

Return this application with your check, money order, or charge card information payable to: **WSTMA, 2502 Highway M, Verona, WI 53593**. You may fax your application to **608-845-8162**.