



# 2018 MEMBER APPLICATION

Renewal                       New

*If you would like to join the Wisconsin Taxidermists Association, please print, complete, and mail this form along with your check made payable to:*  
**Wisconsin Taxidermists Association, Inc.**

Mail to:  
 Jennifer Nokes  
 Membership Committee  
 W1649 Marsh Road  
 Palmyra, WI 53156

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Business Name \_\_\_\_\_

*If Different from above address*

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Check One	Category	Cost
<input type="checkbox"/>	1 Yr Single	\$ 55
<input type="checkbox"/>	2 Yr Single	\$ 110
<input type="checkbox"/>	5 Yr Single	\$ 265
<input type="checkbox"/>	1 Yr Family	\$ 65
<input type="checkbox"/>	2 Yr Family	\$ 130
<input type="checkbox"/>	5 Yr Family	\$ 315
<input type="checkbox"/>	Business Membership - Single Membership for Owner and up to two employees. Each person covered under a business membership will still be responsible to pay all applicable registration and convention fees.	\$ 100
<input type="checkbox"/>	Associate Member - Non Taxidermist	\$ 35
<input type="checkbox"/>	Youth - Under 18	\$ 40
<input type="checkbox"/>	Honorary - Over 65	\$ 0

**Optional information:**     Full Time     Part Time     Hobbyist

How did you hear about the WTA? \_\_\_\_\_

Birthdate \_\_\_\_\_ Spouses Name \_\_\_\_\_

By signing this form I agree to follow the WTA Code of Ethics. I understand that photographs of myself and family may be used at the discretion of the WTA such as in the Insight and WTA website.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_