

2018 MEMBERSHIP APPLICATION FORM

(see reverse side for membership application explanation)

Individual Adult Membership:

\$200.00 for Regular Membership, **\$300.00** for Sustaining Membership

Full Name: _____ Birthdate: _____

Address: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

Spouse or Significant Other Membership:

\$200.00 for Regular Membership, **\$300.00** for Sustaining Membership

Full Name: _____ Birthdate: _____

Relationship: _____

Address: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

Family Membership:

Family members up to 25 years of age are included.

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Student Membership:

\$75.00 for Students up to 25 years of age.

Full Name: _____ Birthdate: _____

Address: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

Would you like to receive your WLABT Newsletter by email instead of by mail? (circle one) Y N .00

Member Business or Employer Information:

Business or Employer Name: _____

Address: _____

Address: _____

Telephone: _____ Cell Phone: _____

Website or Email Address: _____

Donation (see reverse)

Specify donation destination or for whom the donation is made: _____ .00

Total Enclosed: .00

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