

## 2019 MEMBERSHIP APPLICATION FORM

**Individual Adult Membership:**  Renewal  New Member

**\$225.00** 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?  Yes  No

**Spouse or Significant Other Membership:**  Renewal  New Member

**\$225.00** 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?  Yes  No

**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:**  Renewal  New Member

**\$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?  Yes  No

**Member Business or Employer Information:**

Type of Business or Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website or Email Address: \_\_\_\_\_

**Special Donation** (see reverse)

Specify donation category or for whom the donation is made: \_\_\_\_\_

**OFFICE USE ONLY:** Total Enclosed: \_\_\_\_\_ Check No. \_\_\_\_\_ Member No. \_\_\_\_\_