



MEMBERSHIP APPLICATION FORM

TYPE OF MEMBERSHIP

<u> </u> RENEWING ARENA.....	\$100.00 / Arena
<u> </u> NEW ARENA.....	\$150.00 / Arena
<u> </u> RENEWING VENDOR.....	\$150.00 / Vendor
<u> </u> NEW VENDOR.....	\$200.00 / Vendor
<u> </u> RENEWING ASSOCIATION.....	\$100.00 / Association
<u> </u> NEW ASSOCIATION.....	\$150.00 / Association
<u> </u> INDIVIDUAL MEMBER.....	\$100.00 / Individual
<u> </u> RENEWING INDIVIDUAL MEMBER.....	\$ 50.00 / Individual

(PLEASE PRINT OR TYPE)

ARENA/VENDOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

TELEPHONE () _____ EXT. _____

FAX NUMBER () _____

E-MAIL ADDRESS (please print or type) _____

WEB SITE _____

CONTACT PERSON _____ TITLE _____

SIGNATURE _____ DATE ____ / ____ / ____

MAKE CHECKS PAYABLE TO W.I.A.M.A.

MAIL TO:

700 E. Shady Lane

Neenah, Wisconsin 54956