



WTA Membership Application

Name: _____
(First) (Last)

Home Address: _____

City: _____ State _____ Zip: _____

Phone: _____ E-Mail: _____

(Please include your email address; it will only be used for WTA communications)

If purchasing a Family Membership*, Names and Relationship of Family Members: _____

Membership Options:

(Please Check Your Choices Below)

New **Renewal**

- | | |
|--|-------|
| <input type="checkbox"/> 1 Yr Single Membership | \$25 |
| <input type="checkbox"/> 3 Yr Single Membership | \$55 |
| <input type="checkbox"/> Life Single Membership | \$400 |
| <input type="checkbox"/> 1 Yr Junior Membership | \$5 |
| <input type="checkbox"/> 1 Yr Family Membership* | \$35 |
| <input type="checkbox"/> 3 Yr Family Membership* | \$75 |
| <input type="checkbox"/> Life Family Membership* | \$500 |

***New members receive:**

Membership card, patch, decal and last issue of the Stumpshooter newsletter

***Renewal memberships receive:**

New membership card

***Family membership** includes spouse and all family members under 18 at time of application

Send Application for Membership and Check to:

**Chuck Cote
3941 Sunnyvale Drive
DeForest, WI 53532
608-235-1060
Cote2855@hotmail.com**