



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:
 Olivia Herrick
 Membership Committee
 326 37th Ave
 (920) 602-7977

2023 Member Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Business Name _____

Address (If different from above) _____

City _____ State _____ Zip _____

Check One	Category	Cost
	1 Year Single	\$55
	2 Year Single	\$110
	5 Year Single	\$265
	1 Year Family	\$65
	2 Year Family	\$130
	5 Year Family	\$315
	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
	Associate Member – Non-Taxidermist	\$35
	Youth – Under 18	\$40
	Honorary - Over 65 (must be a member in good standing 5 previous years)	\$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 _____