

# WAPPS MEMBERSHIP ENROLLMENT FORM

\*please fill out completely & return in our SAE along with your \$40.00 enrollment fee\*

Name: \_\_\_\_\_

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

Business: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Gender M F DOB: \_\_\_\_\_ (for birthday announcements-optional)

Place of Certification & Date: \_\_\_\_\_

Additional Formal Certification, Liscensing or Training: \_\_\_\_\_

Do you belong to any other clubs or organizations? \_\_\_\_\_

Their Names (optional): \_\_\_\_\_

Areas of Special Interest: \_\_\_\_\_

What would you like to see in any of our newsletters? \_\_\_\_\_

\_\_\_\_\_

Why is belonging to this organization important to you? \_\_\_\_\_

\_\_\_\_\_

What would you like to get back from belonging to this organization? \_\_\_\_\_

\_\_\_\_\_

Would you consider being involved in association functions, or being part of its Governing

body? \_\_\_\_\_

Any additional concerns or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_