

2010 ASSOCIATE MEMBERSHIP A P P L I C A T I O N

Associate Dues \$140.00

(check one) Agent Corporate Rep Staff

Choose a Chapter (check one):

Fox River Valley North Central
 South Central Southeastern

MEMBER NAME

WAHU SPONSOR

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

AGENT LICENSE NUMBER

HOME ADDRESS (FOR LEGISLATIVE PURPOSES)

CITY

STATE

ZIP

PHONE

HOME EMAIL

Form of Payment Enclosed

Check (payable to WAHU)

Credit Card: Visa MasterCard (Sorry, No AMEX)

CREDIT CARD #:

EXPIRATION:

SIGNATURE:

(over)

2010 ASSOCIATE MEMBERSHIP APPLICATION (CONTINUED)

Bank draft / Credit Card Authorization Form

Monthly debits will equal one-twelfth of any current applicable national, state or local dues.

(please select one)

Monthly Draft Checking Account Credit Card

(Please include a voided check from the account to be drafted, or write credit card number below)

I (we) hereby authorize WAHU to initiate debit entries to my (our) account as indicated.

PRINT NAME

SIGNATURE

Membership dues rate is valid until 12/31/10

Mail, Fax, or Email Application with payment to:

WAHU
4600 American Parkway
Suite 208, Madison, WI 53718
Fax 608-241-7790
or wahu@ewahu.org



The Omnibus Budget Reconciliation Act of 1993 prohibits you from deducting, for Federal Income Tax purposes, the portion of your membership dues which are allocable to the lobby activities of WEDA. WEDA reasonably estimates that 25% of your membership dues are allocable to lobbying expenditures in 2010, and therefore 25% of your dues are not deductible as a business expense in 2010. You should seek further information on this law from your attorney, or tax advisor.