



Membership Application

Fill out this form and make check payable to WLIA and mail to:
Wisconsin Land Information Association, Inc.
P.O. Box 389, Wild Rose, WI 54984
or pay by MasterCard or VISA below and fax to: 715/366-4501

Membership Category & Fee	
_____ Individual	\$ 50.00
_____ Business	\$200.00
_____ Association	\$200.00
_____ Student	\$ 25.00

Name (please print above) _____ Title/Position _____

Organization _____

Address _____

City _____ County _____

State _____ Zip _____

Phone _____ Fax _____

Email _____ Web site address _____

• Pay by MasterCard or VISA below:

Card Number (MasterCard or VISA only) _____ Exp. Date _____ Signature _____

Total amount to charge credit card \$ _____