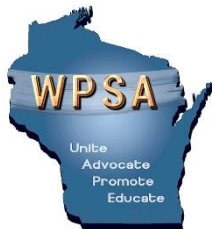


Wisconsin Personal Services Association, Inc.



W.P.S.A.

Membership Enrollment Form
Annual Dues 7/1/17 through 6/30/18
\$400.00

www.wpsa.us

Organization Information:

Organization Name: _____ Website/URL: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Primary Contact: *(designated by your organization to have WPSA voting rights)*

First Name: _____ Last Name: _____
E-Mail: _____ Position: _____
Complete the following only if different from above:
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Secondary Contact: *(designated by your organization to have WPSA voting rights)*

First Name: _____ Last Name: _____
E-Mail: _____ Position: _____
Complete the following only if different from above:
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Referral Information: *(For New Members Only)*

How did you hear about WPSA? _____
Please specify who, if applicable (First Name, Last Name) _____

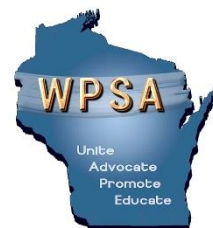
Authorize WPSA to use your agency name on the WPSA website and in the WPSA brochure? Yes No

Please make a check for \$400 payable to WPSA:

Mail to: Mo Thao-Lee (WPSA)
933 Erie Ave., Suite 9
Sheboygan, WI 53081

E-Mail: mtlee@uhhci.com
Phone: 920-452-3370

Thank you!



WPSA Membership Dues Are NOT Tax Deductible