

The Wisconsin Muzzle Loading Association New Membership / Renewal Form



"To Preserve and Promote Muzzle Loading Heritage."

<input type="checkbox"/> New Member		<input type="checkbox"/> Renewal WMLA # _____	
Name <i>(Please Print Clearly)</i>			
Street Address		City	State
Phone #		Email	
Preferred Method of Contact (check one)			
<input type="checkbox"/> Email		<input type="checkbox"/> Phone	
<input type="checkbox"/> Text Message		<input type="checkbox"/> Text Message	
Note: Associate Membership is reserved for additional family members within a member's household.		(Amount Enclosed)	
Individual Membership <input type="checkbox"/> \$35.00/yr _____ Life Individual Membership <input type="checkbox"/> \$500.00 _____ Indiv Associate Membership <input type="checkbox"/> \$10.00/yr _____ Life Associate Membership <input type="checkbox"/> \$100.00 _____ Club Membership <input type="checkbox"/> \$40.00/yr _____		Make Check/Money Order Payable to WMLA, INC. Mail To: WMLA PO BOX 113 MILTON WI 53563	
Areas Of Interest (check all that apply)			
<input type="checkbox"/> Community Outreach/Advocacy <input type="checkbox"/> Competitive Shooting <input type="checkbox"/> Education <input type="checkbox"/> Hunting Awards Program <input type="checkbox"/> Hunting News <input type="checkbox"/> Rendezvous/Living History <input type="checkbox"/> Shooting Tips & Info. <input type="checkbox"/> WI Conservation Congress Representation			
I hereby request New/Renewed Membership in the <i>Wisconsin Muzzle Loading Association Incorporated</i> and will abide all of the rules and bylaws of the Association.			
Signature: _____ Date: ____/____/____			
Note: Yearly Dues Expire Quarterly (3/30, 6/30, 9/30, 12/30)			