

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 (Please Print Clearly)			
Street Address	City	State	Zip
Phone #	Email		
Preferred Method of Contact (check one)			
<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Text Message	
Note: Associate Membership is reserved for additional family members within a member's household.		(Amount Enclosed) Make Check/Money Order Payable to WMLA, INC.	
		Mail To: WMLA PO BOX 113 MILTON WI 53563	
Areas Of Interest (check all that apply) <ul style="list-style-type: none"> <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)			