

## 2022/2023 WMA Membership Application Form

Wisconsin Marine Association | wisconsinmarine.org | wiscmarineassoc@gmail.com | 715-292-8344

First name:		Last Name:	
Organization:		Your title:	
Email:			
	·		
			Zip Code:
	Mobile:		
Number of employees:			
Number of locations*:			
	\$150 each. Please fill out a sep	arate application	for each location.
•	dues includes full membershi	-	ation of Marina Industries (AMI)
Please mail this form as Portsmouth St, Tavares <b>OR</b>		isconsin Marin	e Association; c/o Linton 5191
Please charge my credi			
Expires/	Three- digit security co	ode	Billing zip
Signature:			Date:

Please contact Steve Linton, Executive Director, at 715-292-8344 or <u>wiscmarineassoc@gmail.com</u> for more information or with any questions.