



To apply to become a Friend of WISA, please provide the following below:

Date: _____

Company: _____

Address: _____

Telephone: _____

E-mail: _____

Name and title of person completing this application: _____

How did you hear about WISA: _____

Please give a brief overview of your company: _____

Would you like your company listed on our website as a Friend of WISA: YES _____ NO _____

Friends of WISA Dues:

Annual dues are \$750. For new members who join in a year after July 1, the dues for that year will be prorated to be 50% of what would otherwise be the annual dues for that new member. The dues will be billed upon acceptance of the applicant as a member of WISA, and is due within 30 days of receipt of invoice.

*Nonprofit organizations, governmental agencies, and elected officials who would like to become Friends of WISA **may** have the fee waived, subject to approval of WISA Board of Directors.*

If you indicated you would like to be listed on our website, please e-mail your logo to info@WisconsinSand.org.

Signature

Name:

Company:

Title:

Date: