



Wisconsin Association for Environmental Education

WAAE Individual and Family Membership Form

Date _____ New Renewal
 I do not wish my name released to other EE organizations.

Please check one:

- Individual One Year (\$25) Student (\$15)
- Individual Two Year (\$45) Retired (\$15)
- Individual Life (\$350) Family (\$40)
- Please include a donation to the Wisconsin Environmental Education Foundation (WEEF) in the amount of \$ _____
- Total enclosed: \$ _____

Name _____ Organization _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Home phone _____ Work phone _____ Fax _____

I prefer to be contacted at Home Work

Email address _____ Occupation _____

INTEREST AREAS: Please identify one area that best describes your niche in environmental education.

- Preschool Non-Formal Educator
- Elementary Grade Level _____ Nature or Environmental Center
- Secondary Grade Level _____ Agency
- Post-Secondary Grade Level _____ Business and Industry
- Other (please specify) _____

PAYMENT: Make check payable to WAAE.

Credit Card: _____ Visa _____ Mastercard

Name as it appears on card (please print clearly) _____

Credit Card Number: _____ Expiration Date _____

Zip Code _____ Signature _____

Return this form to:

WAAE, 08 Nelson Hall, UW-SP, Stevens Point, WI 54481

08 Nelson Hall
UW-Stevens Point
Stevens Point, WI 54481
Phone: 715-346-2796
Fax: 715-346-3835

WAAE Office Use Only		
Member _____	Check, Cash, Credit Card	Payment Rec'd \$ _____
Date _____	Check # _____	Invoice Sent _____
	New Member Packet Sent _____	