



## 2016 WCHSA Associate Member Application

Thank you for your interest in Associate Membership in WCHSA! We ask that you please identify an executive staff member or board member as the main representative for your WCHSA associate membership; you are also welcome to identify up to three individuals associated with your organization that will be eligible to receive the benefits of your membership.

Associate Membership in WCHSA provides the following benefits:

1. Discounted rates for the WCHSA spring and fall conferences
2. Access to the WCHSA directory
3. WCHSA e-news updates
4. Networking opportunities with WCHSA members

Dues for Associate Membership are \$100 per year (January 1 to December 31).

<b>Primary Contact</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Organization:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>E-mail:</b>	
<b>Additional Organizational Representatives</b>	
Please list name, title, and email address	
1.	
2.	
3.	
<b>Payment by Enclosed Check Payable to WCHSA</b>	<b>\$100.00</b>
Please use this form as the invoice for payment from your organization. WCHSA is not able to take Credit Card payments at this time.	Check # _____
<b>Address questions, payments and application to:</b> Lisa Hassenstab, WCHSA, 612 W. Main St., Suite 200, Madison, WI 53703, 608-469-5903, <a href="mailto:lhassenstab@wchsa.org">lhassenstab@wchsa.org</a>	