



Membership Application or Renewal

Please provide all information below. The information you provide will be included in an online password-protected membership directory.

First Name: _____

Last Name: _____

Preferred Email: _____

**Your email will be your username when you log into the WEMTA website.

** If you are a new member, your password will be **wemtamember**
Please change your password ASAP.

Work Information

Organization Type & Name:

- Public School District _____
& School Name _____
- Private School _____
- Business _____
- Organization _____
- Individual (no work address)

Position / Title _____

Work Address: _____

City, State, Zip _____

Phone number _____

Fax number _____

CESA # _____

Home Information

Address: _____

City, State, Zip _____

Phone number _____

Your Legislative Districts: <http://www.legis.state.wi.us/>

Federal Representative #: _____

State Assembly Rep # _____ State Senator Rep # _____

My preference for Mail & Directory Listing is:

Work Home

Type of Membership

- Educational.....\$60
- Support Services\$45
- Dual Professional WEMTA/WLA.....\$92
- Dual Retired WEMTA/WLA.....\$57
- Retired\$25
- Student (at least 1/2 time)\$25
- Business/Commerical\$75
- Additional Business Rep\$60

Optional Donation to:

- WEMTA Media Grant Fund.....\$_____
- WEMTA Legislative Fund\$_____
- WEMTA PET Fund (tax deductible)...\$_____

Total Amount Enclosed \$_____

Categories (please check):

- AASL Member
- CoSN Member
- ISTE Member
- SIG-Assessment Member
- SIG-Intellectual Freedom Member
- SIG-Retired Member
- WLA Member

Renew Online with PayPal or credit card

<http://www.wemta.org>

or

Send this form with your remittance to:

WEMTA
P.O. Box 44578
Madison, WI 53744-4578
608-848-1232
WEMTA@wiscow.com