



2018/2019 Membership Application Form

WMA, c/o 84190 Pikes Bay Rd, Bayfield WI 54814

Phone: 715-779-3012

Email: wiscmarineassoc@gmail.com

First name: _____ Last name: _____

Organization: _____ Your title: _____

Email: _____ Website: _____

Street/Mail address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

Phone: _____ Fax: _____ Mobile: _____

Number of employees: _____ Number of locations: _____

Annual Member Dues (Sept. 1, 2018 - Aug. 31, 2019)

\$300

Marina _____

Yacht Club _____

Industry Business _____

Note: for non-corporate marinas, WMA membership dues include full membership in the Association of Marina Industries (AMI)

**Mail this form and a check made out to the Wisconsin Marine Association
c/o 84190 Pikes Bay Rd, Bayfield WI 54814**

Or

Please charge my credit card # _____

Expires ____/____ Three-digit security code _____

Signature: _____

Date: _____