



WAMM Membership Application Form

Organization _____

Name _____

Job Title _____

Mailing Address _____

City

State

Zip

Email: _____

Telephone: _____

Fax: _____

Web Address: _____

Counties Served: _____

Membership Check One:

Full Membership - \$35 per year

Corporate Membership - \$150 per year

Total Enclosed \$ _____

Please make check payable to:

Wisconsin Association of Mobility Managers

FOR QUESTIONS EMAIL: membership@wi-mm.org

Mail Membership Dues To:

Southwest WI Community Action Program, Inc.

149 North Iowa Street

Dodgeville, WI 53533

Attn: Jeff Segebrecht