

# WMFRA MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In addition, as a benefit of my membership, please send the WMFRA newsletter and luncheon notices to the following board member:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Enclosed in \$30 for my WMFRA membership dues.**

*Please make check payable to WMFRA, P.O. Box 3155, Missoula, MT 59806-3155.*

THANK YOU!