



Wisconsin ASLTA Membership Form

- Yes, I am interested in membership
for Wisconsin ASLTA for 1 year
from July of this year _____ .

Please fill out this form and pay \$20.00 (check or money order- no cash) to WisASLTA then mail to Wisconsin ASLTA Treasurer, 5313 Windwood Circle, McFarland, WI 53558.

(Please Print Clearly, Thank You)

Name: _____

Address: _____

City/State: _____ Zip code: _____

Email: _____ VP/TTY/V: _____

Do you wish this information kept confidential? (We will not share your information with anyone unless approved.)

- Yes, keep it confidential and prefer to get permission from you
 No

Do you have Certification from ASLTA?

- Yes, what level? _____ When issued? _____ Expiration date? _____
 No

What are some topics for professional development workshops or training you would like to learn in the future?
