

# 2025/2026 MEMBERSHIP APPLICATION FORM

July 1<sup>st</sup>, 2025 – June 30<sup>th</sup>, 2026



## TYPE OF MEMBERSHIP

RENEWING VENDOR..... \$150.00 / Vendor

NEW VENDOR..... \$200.00 / Vendor

ARENA/VENDOR NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_

TELEPHONE (     )\_\_\_\_\_ EXT.\_\_\_\_\_

FAX NUMBER (     )\_\_\_\_\_

E-MAIL ADDRESS (please print or type)\_\_\_\_\_

CONTACT PERSON\_\_\_\_\_ TITLE\_\_\_\_\_

WEB SITE\_\_\_\_\_

Company Overview and Product Description

MAKE CHECKS PAYABLE TO WIAMA

MAIL TO:

2711 16<sup>th</sup> Street South

Wisconsin Rapids, WI 54494

Or REGISTER ONLINE:

[WIAMA 2024-2025 Membership](#)