



Wetland
Professionals
Association

PO Box 131282, Roseville, MN 55113-0011

WPA Membership Application Form

Please Check One: New Member Renewing Member

For renewing members please place a ✓ mark next to any change in information below.

Name: _____

Affiliation (if any): _____

Job Title (if any): _____

Address (to receive correspondence): _____

E-mail (to receive association information): _____

Phone: _____

Do you want to be listed in the WPA wetland consultant directory posted on our website?

Please check one: YES NO

This form represents my formal application for membership in the WPA. I agree to abide by the Code of Ethics in the WPA bylaws (see www.mnwetlandprofessionals.org for more information).

Signature: _____

Date: _____

Please check one and enclose check for corresponding fee:

1 year voting member \$30

1 year nonvoting member \$20

2 years voting member \$60

2 years nonvoting member \$40

3 years voting member \$90

3 years nonvoting member \$60

Voting members must have at least 40 hrs of training and/or professional experience per WPA bylaws. Yearly memberships are on a calendar year basis.