



WPA

MINNESOTA WETLAND
PROFESSIONALS ASSOCIATION

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

For new members, how did you hear about us: _____

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 <http://www.mnwetlandprofessionals.org/home.html> for more information).

Signature: _____

Date: _____

Please check one membership choice below and enclose a check for the corresponding fee.

Would you like an email receipt? YES NO

Applicable Year

- | | | |
|---|---------|--|
| <input type="checkbox"/> 1 year voting member \$30 | 20_____ | <input type="checkbox"/> 1 year student member \$10 |
| <input type="checkbox"/> 2 years voting member \$60 | 20_____ | <input type="checkbox"/> 2 years student member \$20 |
| <input type="checkbox"/> 3 years voting member \$90 | 20_____ | <input type="checkbox"/> 3 years student member \$30 |

* Payment is considered as membership dues for the year specified on the application. Applications received after October 1 are valid through December 31 of the following year.