AFFILIATE CLUB MEMBERSHIP APPLICATION/RENEWAL

ATTN: Please be sure to fill out all blanks on both sides of form

CLUB NAME ____________________________________________________________
ADDRESS __________________________________________________________________
CITY, ST, ZIP ____________________________ COUNTY _________________________
Club Web Address: _______________________________________________________

Membership Dues and Provisions
Clubs, Associations, Federations, Alliances, or Groups of Clubs, shall be assessed a minimum of $55.00 per year, which would include 10 subscriptions of the “Wisconsin Conservation” newspaper, (a list must be submitted) and other benefits of the federation. Additional subscriptions (over 10) cost $5.00 each, per year.

Statewide member organizations shall be assessed at the rate of $125.00 per year for statewide organizations with a membership roster under 300 and $180.00 for statewide organizations with a membership roster over 300, which would include 25 subscriptions (list must be submitted) to the “WISCONSERVATION” newspaper, and other benefits of the Federation. Additional subscriptions (over 25 for statewide clubs or 10 for local clubs) cost $5.00 each, per year.

Member clubs are eligible to elect the following maximum number of voting delegates to the Annual Meeting based on the size of your club.

Delegate/Dues Election Schedule:
Paid Memberships from: (please circle one)
1 to 25........................................2 Delegates $55.00
26 to 100.....................................3 Delegates $65.00
101 to 200....................................4 Delegates $75.00
201 to 300.................................5 Delegates $100.00
301 to 400.................................6 Delegates $110.00
401 to 500.................................6 Delegates $125.00
501 & over.................................6 Delegates $150.00
Statewide (under 300)..............3 Delegates $125.00
Statewide (over 300).................3 Delegates $180.00
*Make checks payable to Wisconsin Wildlife Federation --
PO Box 460, Poynette, WI 53955-0460

To fully be able to represent our members in Madison on legislative issues please give us the approximate number of members in your organization. If you are a statewide club/association, please include the members of the clubs that make up your membership. Thank you. Total Membership = ________________
Submitting a yearly membership list gives us an accurate count of actual WWF membership. A separate list of “Wisconservation” recipients allows the office to keep the mail file addresses current. The WWF must pay $.70 for each returned/incorrect mailing address.

MEMBERSHIP INFORMATION

PRESIDENT
NAME ________________________________________
ADDRESS ______________________________________
CITY______________________  STATE___ _ZIP___________ _PHONE___/_____/__________
Email __________________________________________

SECRETARY/TREASURER (please circle correct title)
NAME _________________________________________
ADDRESS ______________________________________
CITY___________________ST______ZIP____________PHONE_____/_______/_______
Email __________________________________________

TIME AND DAY OF REGULAR MEETING(s) ______________________________________________________
MEETING PLACE AND ADDRESS: _____________________________________________________________
ANNUAL MEETING AND ELECTION OF OFFICERS, TERMS OF OFFICERS: ________________________
INCORPORATED    YES □ NO □    MEMBERSHIP: OPEN_________   QUOTA ______
CLUB OBJECTIVES AND ACTIVITIES: __________________________________________________________
___________________________________________________________
___________________________________________________________

DOES YOUR CLUB HAVE A SHOOTING RANGE?     YES □ NO □

FEDERATION DELEGATES (as based on dues schedule, attach separate sheet if necessary)

#1 NAME_________________________   #2 NAME_________________________
ADDRESS________________________   ADDRESS_________________________
CITY_____________________________   CITY___________________________
STATE/ZIP_______________________   STATE/ZIP_______________________
Email:_____________________________   Email:_____________________________