



Membership Application

- \$90 **Regular Annual Membership**
- \$130 **Sustaining Annual Membership**
- \$25 **Student Annual Membership**

Please mail all WAAI correspondence to one of the following locations:

- Business Address** **Home Address**

This application is for a:

- Renewal** **New Member** **Today's Date:** _____

Name: _____

Business Title: _____

Company Name: _____

Business Address: _____

City _____ State _____ Zip: _____

Home Address: _____

City _____ State _____ Zip: _____

Business Telephone: _____

Home Telephone: _____

E-mail: _____

Fax Number: _____

Credit Card payments: **VISA** **MasterCard** **AmEx**

Account #: _____ Expiration Date: _____

Signature _____

Please mail checks to: WAAI
P.O. Box 2535, Birmingham, MI 48012.
For more information call **248.646.5250**

You can fax this application to: **248.646.6721.**