

WAC/MadWAC Membership Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (H) _____ (W) _____

E-mail: _____

- O P T I O N A L**
- Please send Newsletter by e-mail.
 - I am interested in volunteering to help with mailings/concerts/publicity.
 - I am a performer. (Indicate instrument/voice:)

Wisconsin Alliance for Composers Membership:

- _____ Full Composer (\$25)
- _____ Student Composer (\$10)
- _____ Associate Member (\$15)
- _____ Institution (\$25)

Madison Chapter Membership:

- _____ Full Composer (\$10, requires WAC Full or Student Membership)
- _____ Associate Member (\$5)
- _____ Institution (\$15, requires WAC Institutional Membership)

Tax-Deductible Contributions:

- _____ Optional Performance Endowment Fund contribution
- _____ Optional additional contribution

\$ _____ Total enclosed

Please enclose your check, payable to WAC, with this form and mail to:

WAC
1522 Main Street
La Crosse, WI 54601