



APA-WI ORGANIZATIONAL MEMBERSHIP APPLICATION FORM

Making Great Communities Happen

DATE OF
APPLICATION

CONTACT PERSON FOR ORGANIZATION

CONTACT DAYTIME PHONE
NUMBER

CONTACT FULL NAME, TITLE, AND COMPANY

MAILING ADDRESS OF CONTACT
(NOT COMPANY)

CONTACT EMAIL ADDRESS

ALTERNATE DAYTIME PHONE NUMBER AND/OR EMAIL ADDRESS OF CONTACT

AICP CERTIFIED? Y N N/A

Email the roster of members with the following information to sscherer@waukeshacounty.gov (and cc Nancy Frank at frankn@uwm.edu) in an Excel spreadsheet:

- Full name
- Title, if any
- Company
- Mailing address of member (not company)
- Email Address
- Daytime phone number
- If member is AICP certified

The \$50.00 fee should be mailed to (checks made out to APA-WI):

Kassandra Walbrun
1213 Bongard Dr.
Waunakee, WI 53597

Once payment confirmation is received, your Organization will be added to the membership list.

Membership and renewals are on a January 1-January 1 calendar basis.

PAID

UPDATE MASTER EXCEL SPREADSHEET UPON PAYMENT CONFIRMATION

Initials

_____ Date Updated