



Membership registration form

Contact/Title
Organization
Address
City /State / Zip
Phone / Fax
Email
Website

Amount enclosed: \$60 individual annual membership in Arts Wisconsin and Wisconsin Alliance for Arts Education

Check enclosed (payable to Arts Wisconsin) Credit card: VISA MC AmEx
_____ Exp. _____ Signature _____

Please return with payment to: Arts Wisconsin | Box 1054 | Madison, WI 53701-1054.

Questions? Contact Arts Wisconsin at akatz@artswisconsin.org or Wisconsin Alliance for Arts Education at info@waae.org.

Thanks for supporting the arts and arts education in Wisconsin!