



MEMBERSHIP DUES STATEMENT

Wisconsin Association of County Agricultural Agents
National Association of County Agricultural Agents

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Office Phone: _____

Fax: _____ E-mail _____

District: _____ Date of Initial UW-Extension Appointment: _____

Position Title: _____

Check all that apply:	COST
<input type="checkbox"/> WACAA/NACAA 2005 Dues (WACAA \$50.00 + NACAA \$50.00)	\$100.00
<input type="checkbox"/> I am a new hire and wish to join WACAA (Complimentary)	
<input type="checkbox"/> I need a receipt	
<input type="checkbox"/> I was a paid member in 2004 and did not receive the County Agent Magazine	

Please make payment payable to WACAA and return this statement with payment to:

Matt Jorgensen, WACAA Treasurer
Clark County Extension Office
517 Court St., Room 104
Neillsville, WI 54456

Membership Deadline February 1, 2005