



Membership Application

Membership Classes

___ **Network Member** A distance learning network located within the State of Wisconsin. Annual Dues: \$550/year. Network members shall be entitled to one vote.

___ **Single Institution/Organization (not associated with a network)** An individual institution or organization which is not associated with a member network, including private schools and other entities associated with educational support. Annual Dues: \$100/yr; One vote

___ **Individual Member** Annual Dues: \$35/yr; Non-voting

___ **Associate Member (Business or Vendor)** A business or vendor involved with providing distance learning related services and support. Annual Dues: \$200/yr; Non-voting

Network/Organization Name: _____

WADEN Representative: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signed: _____ Date: _____

Return to:

Theresa Neuser, WADEN Secretary

CESSA 7 ILS

UWGB - IS 1040

2420 Nicolet Drive

Green Bay, WI 54311

Email: tneuser@cesa7.k12.wi.us

For further information, see the WADEN website at <http://www.uwex.edu/disted/waden/>