



WIABE Membership Registration
(WIABE Membership runs annually)
PLEASE PRINT CLEARLY!

Name: _____

Address: _____

City: State: Zip: _____

Affiliation (School, Company): _____

Phones: Work: () _____ Home: () _____ Fax: () _____

Email: _____

Interests: Check all applicable

Preschool ___ Elementary ___ Middle ___ Secondary ___ Higher Ed ___ Parent/Caregiver ___

Refugee's ___ Tech College ___ Adult Basic Ed ___ Technology ___ Bilingual Ed ___

Program Administration ___ Other _____

___ Check here if you do NOT want your name included on the annual WIABE web page.

MEMBERSHIP FEES:

Regular Membership

(\$25.00 - 1 year - Full year membership includes staff development, social gatherings, informative emails and other WIABE events.

Full-time Students or parent/caregiver (not an MPS employee)

(\$15.00 - 1 year - Full year membership includes staff development, social gatherings informative emails and other WIABE events.

AMOUNT ENCLOSED \$ _____

NOTE: Student MUST BE VERIFIED BY ADVISOR or SUPERVISOR

Verified by: _____ **Date:** _____

Make check payable to **WIABE** and mail to:

Mildred Olson, Membership Secretary
P.O. Box 340192
Milwaukee, WI 53234-0192

Any questions?
email: mildredo@boysgirlsclubs.org

WIABE USE ONLY

Date Received _____

Check No. _____