



Affiliate Member Application

** Indicates a required field*

* Last Name _____

* First Name _____

* Business Name _____

* Business Address _____

* Business Mailing Address if Different _____

* City _____ * State _____ * ZIP _____

* Business Phone _____

1-800 Number _____

FAX _____

Cell _____

* Email Address _____

Website _____

* Product or Service: _____

* Method of Payment: VISA MASTERCARD AMEX

Card Number _____

Card Expiration Date _____

Check here if billing address is the same as the street address shown above

Name on Card _____

Billing Address _____

Billing City _____ Billing State _____ Billing ZIP _____

Billing Phone Number _____

Annual Affiliate Membership Dues: \$300.00

Make check payable to the Tavern League of Wisconsin & mail to: Tavern League of Wisconsin * 2817
Fish Hatchery Rd * Fitchburg, WI 53713