2015 WAE4-HYDP and NAE4-HA Membership Invoice and Receipt

This form should be used after you have completed your online WAE4-HYDP and/or NAE4-HA membership application/renewal. Visit the following sites to complete online membership.
https://docs.google.com/a/ces.uwex.edu/forms/d/1QdMEEaxhGf4npim6rRS9jM73SnsR6OxlCUr2dEDT8wM/viewform and www.nae4ha.com/membership.

**INVOICE**

Please make all checks payable to WAE4-HYDP. Membership registration is not complete until payment is received. Include a copy of this completed page with payment and, new for 2015 registration, a copy of the confirmation email you receive after completing/updating your NAE4-HA membership (if applicable).

Below is a list of Regional Representatives, please send to the appropriate person:

- **Southwest Region/State Staff** - Debbie Burkman, 100 W. Walworth Street, PO Box 1001, Elkhorn, WI 53121
- **Northcentral Region** - Jennifer Swensen, 569 N Cedar Street, Suite #3, Adams, WI 53910
- **Northwest Region** - Seth Spencer, 36245 Main Street, P.O. Box 67, Whitehall WI 54773
- **East-Metro Region** - Casey Plamann, 3365 W. Brewster Street, Appleton WI 54914

Name: ________________________________ County: ________________________________

Please complete the following information:

- _____ WAE4-HYDP Renewing Member - $35.00
- _____ WAE4-HYDP New Member - $35.00
- _____ WAE4-HYDP Lifetime Member - $70.00
- _____ WAE4-HYDP Student Member - $10.00
- _____ WAE4-HYDP Complimentary Membership (for individuals hired after the WAE4-HYDP Annual Meeting in the spring (April 29, 2015) until the next renewal period)
- _____ NAE4-HA Renewing Member - $80.00
- _____ NAE4-HA New Member - $80.00
- _____ NAE4-HA Lifetime Member - $240.00

TOTAL $__________

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**RECEIPT**

WAE4-HYDP and/or NAE4-HA Membership Receipt. Complete and keep for your records.

Name: _______________________________________________________________

Address: _____________________________________________________________________________

City, State, Zip, County: _____________________________________________________________

Date of Payment: _________________________ Check #: ___________________
