



Wyoming Society of Association Executives Membership Application

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www.wysae.org

Professional Membership Application - \$150 per member
Additional Staff Member Application - \$75 per member
(Please update/correct any information)

Association: _____

Your Name: _____

Office Address: _____

Mailing Address: _____

Office Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Website URL: _____

National Affiliate (if applicable): _____

Convention/Trade Show location/dates: _____

Additional Staff WSAE Membership: Name: _____

Cell Phone, Email Address, etc: _____

Additional Staff WSAE Membership: Name: _____

Cell Phone, Email Address, etc: _____

Amount Enclosed: # of Professional membership __ year____ @ \$150 each = _____

of Additional Staff memberships _____ @ \$75 each = \$_____ Total _____

Please make check payable to: Wyoming Society of Association Executives (WSAE).

Questions or comments: Please contact Larry Atwell at 307-630-8140 or larry@wysae.org

Please return this form and your payment to WSAE at the address above