



AFFILIATE MEMBERSHIP APPLICATION

Company Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

Fax _____ Email _____

Please list employees for membership:

_____	_____
_____	_____
_____	_____
_____	_____

Annual Dues: \$65.00 per person

2010/Mail to:

Zelda Lanza/WCR Membership VP
C/O HAAR
535 Monroe Street
Huntsville, Alabama 35801