

WETA Membership Application

Name: _____

Agency: _____

Address: _____

City: _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Submit completed membership application form with \$20 to:

WETA

**Wisconsin Employment and Training Association, Inc.
1213 N. Sherman Ave., PMB #324
Madison, WI 53704**