

WPA Membership Form

Please fill out the following information and send along with a check for \$25 per youth to the address below. Each individual needs to complete a form to be eligible for the WPA.

Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____)-_____

Email Address: _____

Age (as of Jan 1, 2007)____ Birth Date _____

Parent/ Guardian Signature _____

Premises Registration Number _____

Membership Dues: ____ x 25\$ (Youth)

Make check payable to WPA and mail to:
WPA, PO Box 327, Lancaster, WI 53813

The membership dues are used for prizes, administration of the WPA show circuit and other WPA youth activities. No points will be accumulated prior to paying the membership dues. However, the WPA will accept members at any time without penalty. Enrollment forms will be available at WPA sponsored events, website at www.wppa.org, email wppa@wppa.org or contact WPA at (608)723-7751, toll free in state 800-822-7675.

Official Swine Circuit Website
swinecircuit.ddffa.org

Please complete the back side of this form - GENERAL RELEASE
prior to mailing. Thank you!

Wisconsin Pork Association
GENERAL RELEASE

I grant the Wisconsin Pork Association, the right to use, publish, and copyright my image (including audio, moving image, or photograph) for educational programs, websites and promotion of WPA programs.

The WPA adheres to all Federal and State laws associated with the use of these materials

(Print Member Name)

(Signature of parent or guardian must sign if subject is under age 18)

(Print parent or guardian name if subject is under age 18)

(Address)

(City, state, and zip code)

(_____) _____
(Phone number)