



MAWP Membership Form

Email to: mawppresident@gmail.com

Mail to: 303 South State Street
Waseca MN 56093

Contact Information

Name: First _____ Last _____

Address: (Please Check): _____ Work _____ Home _____ School _____

Street

City

State

Zip

Telephone: Home/Cell: () _____ Work () _____

E-Mail: Home _____ Work _____

Agency Information:

Name _____

Street

City

State

Zip

Membership Type:

____ Active (\$30) ____ Associate (\$25) ____ Sustaining (\$25) ____ Student (\$20)

____ Check here if you would NOT like your information listed above to be shared
with other members of the MAWP on our membership only page.