Wisconsin Chapter of PRIMA - 2019

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WISCONSIN CHAPTER OF PRIMA - INVOICE

Annual Membership Dues For
January 1, 2019 - December 31, 2019
Annual Membership Dues:  -$100.00 per entity

Make your check payable to:  Wisconsin PRIMA and send to above address

Note:  Please update your contact information by completing the form below and returning it with your payment. You may include up to four additional names and email addresses of your peers who wish to participate in the Chapter activities.  Thank you very much for your continued support.

Regular/Associate Member:

Name:  ________________________________

Title/Organization:  __________________________

Address:  ________________________________

City:  ________________  State:  _______  Zip Code:  ________

Telephone:  _________  Email:  ____________________________

www.wiprima.org
Additional participants:

Name: ________________________________________________

Email: ____________________________

Name: ________________________________________________

Email: ____________________________

Name: ________________________________________________

Email: ____________________________

Name: ________________________________________________

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