

# Wisconsin Muzzle Loading Association Membership Application

## Take the One Shot Challenge

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby request Membership in the Wisconsin Muzzle Loading Association, Inc. If accepted as a member, I will abide by all the rules and bylaws of the WMLA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Membership Levels: Please check desired membership.

Life Member \$300.00  Individual Member \$20.00

Life Associate \$75.00  Associate Member \$5.00  Club \$30.00

Renewal # \_\_\_\_\_

Please note: Associate Memberships are reserved for additional family members within an individual household. They must have the same mailing address as the individual member.

Please enclose a check or money order to: WMLA, Inc.

Mail to: Charlie Brown, WMLA, PO Box 113, Milton, WI 53563