

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 \$25.00

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

Renewal # _____

Please note: Associate Memberships are reserved for additional family members with in 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 check to: Charlie Brown, WMLA, PO Box 113, Milton, WI 53563