

Wisconsin Chapter of PRIMA - 2017



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WISCONSIN CHAPTER OF PRIMA- INVOICE

**Annual Membership Dues For
January 1, 2017 - December 31, 2017
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:** _____

Additional participants:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____