

To join the Wisconsin Arson Insurance Council, please print this page, complete the application, and send the application with a check for \$15 (annual dues) to

**WAIC c/o Allmark Services
P.O. Box 2332
Brookfield, Wisconsin 53008-2332**

Your application will be reviewed by our membership committee, and, if approved, membership information and a receipt will be sent to you. If your application is declined, your check will be returned to you.

NAME _____

ORGANIZATION _____

TITLE _____ *PHONE* (_____) _____

STREET ADDRESS _____

CITY _____ *STATE* _____ *ZIP* _____

FAX NUMBER (_____) _____

TELEPHONE NUMBER (_____) _____

E-MAIL ADDRESS: _____

Membership dues to W.A.I.C. are Tax-Deductible