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(262) 968-2400 Fax: (262) 968-3455
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2016-2017 Membership Form

Name _____
Address _____
City _____ State _____ Zip _____ Cell # _____
Home Phone _____ email _____

If renewal, is this contact information different from last year? Y / N

New member? Y / N Referred by (if applicable): _____

Membership Type: Check the appropriate box below.

5 ADDITIONAL BIRDS IF RECEIVED BEFORE JUNE 1ST!

- _____ General 20 Bird- \$1395 Partners Membership? Yes or no
- _____ Weekday Only 20 Bird- \$1095 Partners Membership? Yes or no
- _____ Corp. 40 Bird- \$2640
- _____ Corp. 60 Bird- \$2940
- _____ Corp. 100 Bird- \$3440

If General/Weekday Partners Membership, please include partner contact information below:

Billing Address/Contact *if different than above*

Corporate membership: if all information is the same as last year, please check here: _____

Or, please list contact info of other named persons on membership below or on separate sheet:

Please return to the address listed above- Thank you for your business!