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2018-2019 Membership Form

Please fill out completely:

Name _____

Address _____

City _____ State _____ Zip _____ Cell # _____

Home Phone _____ email _____

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- \$1495
- _____ Weekday Only 20 Bird- \$1195
- _____ Corp. 40 Bird- \$2740
- _____ Corp. 60 Bird- \$3040
- _____ Corp. 100 Bird- \$3540

PLEASE NOTE- THERE ARE NO MORE PARTNER MEMBERSHIPS

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!