



WIABE Membership Registration

(WIABE Membership runs annually)

PLEASE PRINT CLEARLY!

Name: _____

Address: _____

City: State: Zip: _____

Affiliation (School, Organization): _____

Phone: Home/Cell: () _____ Work: () _____

Personal Email: _____

Interests: (Check all applicable)

Early Childhood Elementary Middle Secondary Higher Ed Parent/Families
 Refugee's Tech College Adult Basic Ed Technology Bilingual Ed Program
Administration Volunteer Opportunities Advocacy Other: _____

MEMBERSHIP FEES:

Regular Membership

(\$25.00 - 1 year - Full year membership includes staff development, social gatherings, informative emails and other WIABE events.)

Full-time Students or parent/caregiver (not a school employee)

(\$15.00 - 1 year - Full year membership includes staff development, social gatherings informative emails and other WIABE events.)

AMOUNT ENCLOSED \$ _____

NOTE: Student MUST BE VERIFIED BY ADVISOR or SUPERVISOR

Verified by: _____ Date: _____

Make check payable to WIABE and mail to:

Mildred Olson, Membership Secretary,
P.O. Box 340192
Milwaukee, WI 53234-0192

Questions?

wiasociationbilingualed@gmail.com

WIABE USE ONLY

Date Received _____

Check No. _____

Revised 5/2015