

**WISCONSIN TRAFFIC SAFETY OFFICER'S ASSOCIATION (WTSOA)
MEMBERSHIP APPLICATION**

Form can be filled in, saved, and submitted electronically to Kkopacz@wtsoa.org
Please fill out form completely

***NAME:**

***DEPARTMENT/COMPANY:**

HOME ADDRESS:

CITY/STATE/ZIP

HOME PHONE:

***PRIMARY EMAIL ADDRESS:**

***WORK ADDRESS:**

***CITY/STATE/ZIP:**

***WORK PHONE:**

CELLULAR/MOBILE PHONE: Work:

Personal:

SECONDARY EMAIL:

PAGER NUMBER:

INSTRUCTOR CERTIFICATIONS/SPECIALIZED TRAINING (PLEASE BE SPECIFIC)

WOULD YOU BE WILLING TO TEACH/CO-TEACH A CLASS AT A TRAINING CONFERENCE?

YES NO MAYBE

WOULD YOUR AGENCY LIKE TO SPONSOR A TRAINING SESSION OR CO-HOST THE NEXT CONFERENCE?

YES NO MAYBE

MEMBERSHIP FEES:

(Circle applicable status)

AGENCY \$25.00 - includes three certified LE memberships

(Please fill out a membership for each person - indicating the primary contact)

INDIVIDUAL CERTIFIED LE \$10.00

RETIRED LE \$10.00

AMOUNT ENCLOSED: \$

Pay at door of Training

DEPARTMENT P.O. #

Paid with Training Registration

Mail to: WTSOA Treasurer c/o Kurt Kopacz, 10147 Woodland Trail, Tomahawk, WI. 54487

Save and email to Kkopacz@wtsoa.org

Please retain a copy of this for your records