

# *WDA Membership Application*

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

e-mail address \_\_\_\_\_

\$95.00, Regular Member \_\_\_\_\_ \$40.00, Student Member\* Degree \_\_\_\_\_

\*Signature of Major Professor \_\_\_\_\_

\$22.00, Associate (no journal) \_\_\_\_\_

Mail completed form along with check or money order (\$U.S.) to:

Wildlife Disease Association  
PO Box 7075  
Lawrence, KS 66044-7075  
800-627-0629