

PAYMENT FORM FOR WVA MEMBERSHIP DUES

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

Dues: \$15 per year Amount enclosed: \$ _____

Make check payable to: Wisconsin Vintners Association

Send payment to:

Mike Bell
WVA Treasurer
612 Fairview Ave
South Milwaukee, WI 53172