

**APPLICATION FOR MEMBERSHIP  
WISCONSIN ASSOCIATION OF FOUNDATION REPAIR PROFESSIONALS  
(WAFRP)**

**Foundation Contractors and Consultants \$380.00 per year:**

\$300.00 dues and \$80.00 to cover attendance at 4 required meetings per year (every other 3<sup>rd</sup> Thurs. 7pm)

**Associate Members** (not in the foundation industry) **\$300.00 per year:**

Attendance at 4 meetings per year required, pre-payment for meetings (\$80.00) is optional

**Supplier Members** (supply product to the foundation industry) **\$300.00 per year:**

Supplier members are welcome to attend meetings but not required

Meetings are held at Klemmer's Banquet Center, 10401 W. Oklahoma Avenue, Milwaukee, WI 53227.

Please make your check payable to "WAFRP" and mail to:

Julie Arnstein, Administrative Assistant, 4590 S. Raven Lane, New Berlin, Wisconsin 53151

Phone (262) 827-5008 Fax (262) 785-6765

**Please print all information:**

OWNER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Newsletter via Email YES NO

WEBSITE: \_\_\_\_\_

Number of years the present corporation has been in business: \_\_\_\_\_

Number of current employees: \_\_\_\_\_

Names of Key Staff: \_\_\_\_\_

Describe the type of work performed/product offered: \_\_\_\_\_

\_\_\_\_\_

Work/product you do not offer: \_\_\_\_\_

Service Coverage Area: \_\_\_\_\_

Do you do business under any other name(s)? YES NO

If so, the name(s): \_\_\_\_\_

**Who referred you to WAFRP?** \_\_\_\_\_

Approved members will be asked to provide proof of insurance and appropriate licensing for his/her field.

**I have read, understand and agree to follow the WAFRP Code of Ethics.**

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)