

**WISCONSIN EQUINE PRACTITIONERS' ASSOC. INC.  
Membership Form**

**To join or continue your membership, please download, complete and return this form, along with \$ 50 annual fee to: (checks payable to: WEPA Inc.)**

**Chrissy Pfau  
7750 Pine Rd.  
Arena, WI 53503.**

**Your Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Clinic Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Do you prefer to receive meeting notices, minutes and other correspondence to your email account [ ] or by hard copy – snail mail [ ] ?**

**Do you have a clinic website and want your clinic information available on our WEPA Inc Website? If so, please indicate your URL:**

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