

WOW MEMBERSHIP FORM



WOW MEMBERSHIP STATUS (PLEASE CHECK ONE)

___ I wish to become a Full member of WOW or renew my Full membership (\$50.00).

A Full member is a licensed Wisconsin cervid farmer and/or rancher; one license = one vote.

Farm License Number: _____

___ I wish to become an Associate member of WOW or renew my Associate membership (\$25.00).

An Associate member is an out-of-state licensed cervid farmer OR anyone else interested in the business.

This is a non-voting membership.

___ I would like to become a Lifetime member of WOW (\$500.00).

___ I am submitting information updates below; my dues have already been paid. (*Dues paid after January 1.*)

WOW Membership Directory (Please circle YES or NO) IF NOTHING IS CIRCLED, YOU WILL BE INCLUDED IN BOTH DIRECTORIES.

Would you like to be listed in the printed membership directory mailed to each WOW member? YES / NO

Would you like to be listed in the online membership directory on WOW's website? YES / NO

WOW Handbook – What way would you like your Handbook supplied to you? CD with searching / BINDER with pages

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Farm/Business Name: _____

Name & Address: _____

_____ County: _____

Phone #: _____ Cell #: _____ Fax #: _____

E-mail address: _____

Website address: http:// _____

CIRCLE ALL THAT APPLY FOR THE FOLLOWING:

What cervids do you raise? Whitetail Piebald White Whitetail Elk Red Fallow Sika Reindeer

Other: _____

What do you sell? Breeder Bucks/Bulls/Stags Stocker Bucks/Bulls/Stags Adult Does/Cows/Hinds Bred Does/Cows/Hinds
Buck Fawns Doe Fawns Bottle-Fed Fawns Hunts Nothing at this time

Antler characteristics: ___% Typical ___% Non-Typical

Services or other products for sale: Ad/Website Design AI Services Antler Art/Jewelry Antler Reproduction Antlers
Auctions Feed Equipment Feed/Minerals Fencing/Installation Goat Milk
Handling Chutes Insurance Semen Taxidermy Urine Venison Veterinary Services

Other: _____

Testing status: TB accredited TB qualified Brucellosis certified Brucellosis qualified CWD monitored since ___/___
month/year

BRIEF DESCRIPTION: Use this space to provide information pertaining to your operation, such as number of animals, acreage, years of operation, etc. or details about your products/services. Write or type the information exactly as you want it in the directories.

PLEASE NOTE: Printed membership directories will no longer include photos. Photos may be posted to your online profile. Once your membership form is processed, if you provided a valid email address, you will receive instructions about how to log in to your profile. If you do not have an email address but would like to have a photo posted with your online profile, mail or email it to the WOW office. The mailing address is printed below; email: wow@whitetailsofwisconsin.com.

MEMBERSHIP RENEWALS AND INFORMATION CHANGES ARE DUE EACH YEAR BY THE DATE OF THE ANNUAL BANQUET.

**Make checks payable to: WOW and send your dues with this form to:
Whitetails of Wisconsin, 525 Old Highway Road, Mineral Point, WI 53565**