



Wisconsin Restaurant Association
 2801 Fish Hatchery Road
 Madison, WI 53713-3197
 608.270.9950 – 800.589.3211
 608.270.9960 FAX
 www.wirestaurant.org

Student Membership Application

As a WRA member, I consent to receive important communications sent by or on behalf of the WRA via mail, telephone, text and email

Dues of \$50 per one year October thru September. Payment must be received with this application.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Email: _____

Do you check your email daily: _____ Yes _____ or _____ No _____

I am a current or past ProStart student: _____ Yes _____ or _____ No _____

High School Attended: _____

Name of Current School: _____

Expected Graduation Date: _____ You are in your _____ year of college?

Name of program enrolled in: _____

Business where you are currently employed: _____

Address: _____ City/State/Zip: _____

Position: _____

Student Signature: _____ Print Name: _____

Please indicate the method of payment you prefer: _____ Dues are not refundable.

Check – payable to the Wisconsin Restaurant Association

Charge my total to: AMEX DISCOVER MC VISA

Card # _____ Exp Date: _____ CVC# _____

Cardholder Name: _____