

WISCONSIN EQUINE PRACTITIONERS' ASSOC. INC.
20__ Membership Form

To join or continue your membership, please download, complete and return this form, along with \$ 35 annual fee to: (checks payable to: WEPA Inc.)

Cheryl Kopacz, Exec. Secty.
1147 Mayo Road
Hartford, WI 53027

Your Name: _____

Clinic Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Clinic Phone Number: _____

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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:
