



WEDA New Membership Application

*Yes, I would like to join other WEDA members
in supporting Wyoming's economy*

Primary Member

Primary Member: _____
Organization/Firm: _____
Title: _____
Physical Address: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
Email: _____
Web Site: _____

Additional Memberships

As a primary WEDA member you can share all the benefits of WEDA with Additional memberships within your organization. Each additional dues fee is only \$85 per person.

Secondary Member: _____
Title: _____
Physical Address: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
Email: _____

After completing the above form, please mail it along with your dues payment to:
Email: info@wyomingeda.org