



WAHI Membership Application

Last Name	<input type="text"/>	E-mail	<input type="text"/>
First Name	<input type="text"/>	M.I.	<input type="text"/>
		Department	<input type="text"/>
Rank	<input type="text"/>	Address	<input type="text"/>
Office Phone	<input type="text"/>	City, State, Zip	<input type="text"/>
Cell Phone	<input type="text"/>		
Fax Number	<input type="text"/>		

You may print out this form and mail it in along with your \$25.00 check to:

WAHI P.O.
BOX 21
Milwaukee, WI 53201-0021

Membership may also be obtained via Paypal through the WAHI website at www.wi-homicide.com

For questions about WAHI membership please contact wahitreasurer@gmail.com

For WAHI Office use only

Received Date	Payment Method	Receipt Sent	By
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

