



WESO Membership Application

Individual Business (up to 4 members)

Membership Dues: \$ _____ *

*See Membership Director or web site for rates

Today's Date _____ Dues Year _____

First Name _____ Last Name _____

Company Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Bus. Ph. _____ Fax _____ Cell Ph _____

E-Mail _____ Web Site _____

Facebook business page _____

Home Address _____

City _____ State _____ Zip _____ Home Ph _____

Should we advertise your business information on the WESO web site? Yes No

Business Description (50 words max.) _____

Do you offer a discount on your products/services to WESO members? Yes No

Describe discount: _____

How did you decide to join WESO? (Please check one below and explain.)

Current WESO member referred/encouraged me. Member name _____

Other. Explanation _____

WESO Use Only

Amount Rec'd: _____ Entered in database _____ Treasurer rec'd payment _____

Rev 9/2017