



MEMBERSHIP APPLICATION
Wisconsin Environmental Laboratories Association (WELA)

Company or Firm: _____

Mailing Address: _____

City

State Zip

Code

WELA Contact: _____

Title: _____

Telephone: _____

FAX: _____

E-Mail: _____

WDNR Certification Number: _____ WDATCP Certification Number: _____

Description of Company or Firm, purpose and nature of business. (Provide a copy of your most current WDNR and/or WDATCP Laboratory Certification certificate):

Have you read and agree to abide by the WELA Code of Ethics? Yes _____ No _____

Have you read and agree to abide by the WELA Constitution and Bylaws? Yes _____ No _____

Signature of Authorized Representative: _____ Date: _____

Please return the completed application form and a check for \$125.00 to the WELA secretary.

For WELA Board Use Only:

Approved for _____ Full Membership Date: _____

Rejection & Reason: _____

Name: _____ Signature: _____ Date: _____

(Please Print)