



# WISCONSIN ENVIRONMENTAL LABORATORIES ASSN.

P.O. BOX 259154 MADISON, WISCONSIN 53725-9154

## 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 above address.

### For WELA Board Use Only:

Approved for \_\_\_\_\_ Full Membership Date: \_\_\_\_\_

Rejection & Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)