



WISCONSIN ASSOCIATION OF MEAT PROCESSORS INC.

Please Help Us Update Our Records

Co. Name _____

Owner or Contact Person _____

Complete Address _____

Phone No. _____

Fax No. _____

E-mail _____

(Required field to receive most up to date information)

MAIL TO: W.A.M.P. Treas.
5907 State Road 50E
Lake Geneva, WI 53147

ANNUAL STATEMENT OF DUES FOR ONE CALENDAR YEAR

AMOUNT DUE

2018 — \$125.00

By Dec. 15, _____

\$ _____

RETURN WHITE COPY WITH PAYMENT