



## WISCONSIN AUTISM PROVIDERS ASSOCIATION

### Membership Application

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Counties Served: \_\_\_\_\_

WAPA's annual membership fees are based off of total clients served. Please indicate your level below.

Less than 50 clients- \$2,500/year

50-100 clients- \$4,000/year

101-200 clients- \$7,500/year

200+ clients- \$12,500/year

Checks should be made out to Wisconsin Autism Provider Association and can be mailed along with your application to Mike Miller at 1575 Allouez Avenue Green Bay, WI 54311. Payments can be made in either one or two installments.