



Wisconsin Pottery Association

New Member Form

Please enroll me as a member of the Wisconsin Pottery Association.

Yearly dues are \$5 per member.

____ My check is enclosed. *Made payable to Wisconsin Pottery Association*

____ Please bill me.

Name (s):

Street:

City/State/Zip:

Phone:

Email:

Please mail to:

Wisconsin Pottery Association
P.O. Box 705
Madison WI 53701-0705

If you have any questions please contact us at membership@wisconsinpottery.org