

Membership Plaque Order Form



Name of Company _____

Address: Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please send me _____ Plaques @ \$65 each =\$ _____

Name on Plaque #1 _____

Name on Plaque #2 _____

Name on Plaque #3 _____

Feel free to duplicate this form for ordering additional plaques.

(\$65 will cover the cost of the plaques plus shipping & handling)

Make checks out to:
Wisconsin Land Title Association (WLTA)

Mail to:
W4230 County Road B, P.O. Box 873
West Salem, WI 54669

Contact info:
608-786-2336 608-786-2356 Fax kgilster@wlta.org
www.wlta.org