

# Membership Plaque Replacement Name Plate Order Form

Mail your plaque(s) back to the WLTA Office.  
We will replace the plate(s) and mail the plaque(s) back to you.



**Company:**

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please send me \_\_\_\_\_ Replacement Plates @ \$30 each =\$ \_\_\_\_\_  
(\$30 will cover the cost of the replacement plate plus shipping back to you)

Name on New Plate \_\_\_\_\_

Note: Please print clearly. Thanks!

Copy this form as needed for additional plates.

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

**Mail to:**  
P.O. Box 873  
West Salem, WI 54669

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