



Individual Member Application

(This is a fill-in form. Use your tab key to move the cursor.)

First and Last Name

Organization Name

Position Title

Level of License

Address

City

State

Zip

Primary Phone

*Email address

*An email address is required since PAAW places emphasis on electronic communications with its members.

Individual Member Dues:

Dues (12-months): \$15.00 Start as of (enter date)

Make check payable to "PAAW. Mail completed member application and payment to:

PAAW
Attn: Tom Tornstrom, Treasurer
235 Causeway Blvd.
La Crosse, WI 54603

Thank you for making the decision to join the Professional Ambulance Association of Wisconsin.