



Wisconsin Coroner and Medical Examiner's Association

Membership Application and Membership Dues

Name: _____ Title: ME Coroner Ch Dep Dep Inv _____

Degree/Certification: MD NP PA-C RN ABMDI CFRN EMT Other _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Work Phone: () _____ Ext: _____ Home Phone: () _____

Fax: () _____ E-Mail Address: (Please Print Very Carefully) _____

Please Check One of the Boxes Below:

GENERAL MEMBERSHIP: \$30.00 New Renewal

For: Active Coroners, Deputy Coroners, Medical Examiners, Deputy Medical Examiners, and Medical Examiner Investigators

CONTINUING MEMBER: \$30.00 New Renewal

For Retired or Past Members who wish to remain affiliated with the WCMEA

ASSOCIATE MEMBER: \$30.00 New Renewal

For: Funeral Directors, Law Enforcement Personnel, Other Agencies and persons interested in W.C.M.E.A.

**Please make membership checks payable to
WCMEA and Attach application(s) and remit to:**

or **Bill me via...**
 Email **or** **Mail**

WCMEA
c/o Rory Groessl, Treasurer
E6478 Wolf River Ct
Algoma, WI 54201

[For Internal Use Only] Check # _____ <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Invoice Sent _____

This form may be duplicated; Separate forms are necessary for each individual membership.