



MEMBERSHIP APPLICATION

Membership Type:

(Please check one)

- ☐ \$20 – Individual (1 year)
- ☐ \$30 – Family (1 year)
- ☐ \$20 – Trainer Individual (1 year)
- ☐ \$30 – Trainer Family (1 year)
- ☐ \$75 – Vendor (1 year)

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Primary Email: _____

Secondary Email: _____

***Please check if any information has changed since previous year ☺*

Family Information:

Spouse: _____

Minor Children: _____

Vendor Information:

Contact: _____

Membership year is January 1 – December 31 or any portion thereof. Membership dues are payable in advance and are non-refundable.

Mail to:

MAPFHA
S3358 County Road M
Fountain City, WI 54629

****Questions email info@MAPFHA.org**