



Wisconsin Restaurant Association
 2801 Fish Hatchery Road
 Madison, WI 53713
 608.270.9950 – 800.589.3211
 608.270.9960 FAX
 wirerestaurant.org

Student Membership Application

As a WRA member, I consent to receive important communications sent by or on behalf of the WRA via mail, telephone, text and email

The student membership is an annual membership and is valid from one year from date of joining. Dues will not be pro-rated.

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Email: _____

Do you check your email daily: _____ Yes _____ or _____ No

I am a current or past ProStart student: _____ Yes _____ or _____ No

High School Attended: _____

School currently attending: _____

Expected Graduation Date: _____ You are in your _____ year of college?

Name of program enrolled in: _____

Business where you are currently employed: _____

Address: _____ City/State/Zip: _____

Position: _____

Student Signature: _____ Print Name: _____

Please indicate the method of payment you prefer: _____ **Dues are not refundable.**

Check – payable to the Wisconsin Restaurant Association
 Charge my total to: AMEX DISCOVER MC VISA

Card # _____ Exp Date: _____ CVC# _____

Cardholder Name: _____

Billing Address (if different): _____