



# Wisconsin Coroner and Medical Examiner's Association

## Membership Application

### Membership Dues

(July 1 – June 30)

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 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 or  
Attach a copy of this application and remit to:**

**WCMEA**  
c/o Robert Kulhanek, Treasurer  
2422 N.7<sup>th</sup> Street  
Sheboygan, WI 53083

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

[For Internal Use Only]

|   |
|---|
| <input type="checkbox"/> Check # _____      |
| <input type="checkbox"/> Cash \$ _____      |
| <input type="checkbox"/> Invoice Sent _____ |

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