



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.7th 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.