



# Wisconsin Coroner and Medical Examiner's Association

## Membership Application and Membership Dues 2019 - 2020

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 and Attach application(s) and remit to:**

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

**WCMEA**  
c/o Rory Groessl, Treasurer  
50 Villa Heights  
Algoma, WI 54201

[For Internal Use Only] Check # _____ <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Invoice Sent _____
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**This form may be duplicated; Separate forms are necessary for each individual membership.**