



# Wisconsin Coroner and Medical Examiner's Association

## Membership Application and Membership Dues 2022 - 2023

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 Print Very Carefully) \_\_\_\_\_

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

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