

WASB Service Associate Application



Complete this form and return to: WASB Service Associates
122 West Washington Avenue, Suite 400
Madison, WI 53703

Fax: 608.257.8386 Email: info@wasb.org

Please include three letters of recommendation — one each from three Wisconsin school districts your organization has worked with.

Name (Main Contact) Title

Organization Name

Mailing Address

City State Zip Code

Phone Number Fax Number

Website Email

Description of your organization's products and/or services:

Please name two designees to receive complimentary subscriptions to *Wisconsin School News*.

Name: _____

Mailing Address

City State Zip Code

Name: _____

Mailing Address

City State Zip Code

Name (print) Title

Signature Date

The WASB Board of Directors will review your application.
Questions? Call us at 608.257.2622 or email us at info@wasb.org.