



2021 Town Advocacy Council *of the Wisconsin Towns Association*

Membership Invoice

**Town Advocacy Council 2021 Membership valid
January 1, 2021 to December 31, 2021**

Town/Village of _____ County _____

Population _____ x \$.25 = \$ _____ annual dues

Please call 715-526-3157 for your population.

Dues for municipalities with population of 10,000 or more are capped at \$2,500.

Make checks payable to:

WTA / TAC

W7686 County Road MMM

Shawano, WI 54166-6086

Please provide email addresses for your town officers to be added to the Town Advocacy Council email list. You will receive updates and other valuable information regarding Towns.

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

***NOTE:** This is **NOT** the dues statement for your annual Wisconsin Towns Association membership. That will be mailed in spring for July payment. If you have any questions, contact our office at 715-526-3157.

