

**2008**  
**APPLICATION FOR NEW MEMBERSHIP**  
**REIMBURSEMENT**

Name of New Member \_\_\_\_\_

New Member's Address \_\_\_\_\_

New Member's Telephone(s) \_\_\_\_\_

Name of Club Joined \_\_\_\_\_

County Requesting Reimbursement \_\_\_\_\_

County is Located in \_\_\_\_\_ District

Amount Requested for This New Member \$ \_\_\_\_\_

Normal Dues Amount Your County Collects \_\_\_\_\_

Name of Your County's Special Event \_\_\_\_\_

Date Your County Held its Special Event \_\_\_\_\_

**Please keep in mind that the State WAHCE Treasurer will reimburse your County up to a maximum of \$10.00 for each new member who joins a Club in your County at your "Special Event."** If your normal dues are less than \$10.00 per year, you will only receive a maximum payment of the lesser amount for each new member who joins at the event. If your dues are more than \$10.00 per member per year, you will only receive the \$10.00 maximum for each new member who joins at the event. It is hoped (but not required) that your County will pick up the additional amount due for your new members who join at that event from your own County Treasury.

Signature of Your County Treasurer \_\_\_\_\_

Date signed \_\_\_\_\_

Please send this completed form for reimbursement to:

Jeanie Hlinak  
WAHCE Membership Chairperson  
N1235 County Road B  
Kewaunee, WI 54216-9366