



**Partners of WHA Application for Member-at-Large**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I am a healthcare volunteer at:** \_\_\_\_\_

\_\_\_\_\_

**My volunteer duties include:** \_\_\_\_\_

\_\_\_\_\_

I hereby make application as a member-at-large to Partners of WHA.

I understand that my membership is subject to Executive Committee approval and payment and renewal of annual dues.

**Signature of Volunteer:** \_\_\_\_\_

**Signature of Volunteer Supervisor:** \_\_\_\_\_

Payment of \$10.00 is enclosed.

Please return this form and payment to the Treasurer of Partners of WHA.

Peg Larson  
110 Stoney Beach Rd.  
Oshkosh, WI 54902