



MEMBERSHIP APPLICATION

Agency Name _____ Date _____

Primary Contact:

Name _____ Title _____

Address _____ City, Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Please list additional individuals within your agency who are responsible for purchasing:

Name _____ Title _____

Address _____ City, Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Name _____ Title _____

Address _____ City, Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Name _____ Title _____

Address _____ City, Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

Complete this Application and Letter of Understanding for Cooperative Purchasing and mail to Value for Local Government, 7525 W. Greenfield Avenue, West Allis, Wisconsin 53214 with the yearly membership dues of \$50.00 **payable to Value for Local Government.** Membership fees run from January-December of each year.