



Application for Membership

LIFETIME MEMBERSHIP: \$75.00 USD No Annual Dues

Qualified applicants must meet the following requirement: An individual member must be a rheumatology provider residing or practicing in Wisconsin (DO, MD, NP, PA, RN).

Name _____ Gender M or F

Degree(s) _____ Preferred Mailing Address Office Home

Office Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Fax _____

Email _____ Date of Birth _____

Board Certification _____ Date _____

Signature of Applicant _____ Date _____



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Website: www.wi-rheum.org

Email: wra@wjweiser.com

Payment Information

Check (Payable to WRA)

Visa

MasterCard

Card Number: _____

CVV#: _____ Expiration Date: _____

Cardholder's Signature: _____