



Rainbow Over Wisconsin, Inc.
Application for Membership

Type of Membership: Business Individual Other _____

Name of Applicant: _____

Mailing Address: _____

(City)

(State)

(Zip)

Phone: _____ Fax: _____

Work Phone (if applicable): _____

Email address (if applicable): _____

If business applicant names(s) of appointed representatives (maximum two):

_____ and _____

Reasons for wanting to become members of ROW: _____

(Attach additional sheets if necessary)

List any special skills or training you could offer the group: _____

Approval recommended by (current member): _____

Signature of Applicant(s): x _____ Date: _____

x _____ Date: _____

RETURN COMPLETED APPLICATION TO:

Rainbow Over Wisconsin, Inc.
702 E. Wisconsin Avenue
Appleton, WI 54911