



Member Application

** Indicates a required field*

* Contact Name _____

* Business Name _____

* Business Address _____

* City _____ * State _____ * ZIP _____

** Business Mailing Address if Different* _____

* City _____ * State _____ * ZIP _____

* Business Phone _____

Home _____

FAX _____

Cell _____

* Email Address _____

Website _____

Sellers Permit # _____

League/County _____

Business Type * (circle all that apply)

Bar/Grill Bar/Tavern Bowling Center

Country Club Dance Hall Entertainment

Liquor Store Nightclub Restaurant

Other _____

License Type * (circle one)

Class A Class A Liquor and Beer Class C Wine

Class B Beer Class B Liquor and Beer

Check here to *mail the newsletter* otherwise provide an email address above

Do you offer SafeRide (circle one) **Yes/No**

Do you have a metal TLW red & white member sign (circle one) **Yes/No**

If yes: 1 sided or 2 sided

* Method of Payment VISA MASTERCARD AMEX

Card Number _____

Card Expiration Date _____

Check here if billing address is the same as the street address shown above

Name on Card _____

Billing Address _____

Billing City _____ Billing State _____ Billing ZIP _____

Billing Phone Number _____

State and National Dues (yearly) \$125.00

County Dues (found online or call 1-800-445-9221) \$ _____

Total: \$ _____

**Make check payable to the Tavern League of Wisconsin & mail to: Tavern League of Wisconsin * 2817
Fish Hatchery Rd * Fitchburg, WI 53713**