Wisconsin Association of 12 Step Clubs Membership Form

Contact Name:		Phone:	email:	
Club Name:				
Club Address:				
City, State, Zip:			Club Phone:	
Club Email:			Club Fax:	
Club Website:		W	ould you like to be linked to	our website?
			(month/year) to	
Title	Name	Phone	Email	
President	T (MILLO			
Vice President				
Secretary				
Treasurer				
_		Budget: State Certific	cate of Exempt Status #	
	Вол	ARD OF DIRECTOR'S RE	SOLUTION	
On the(day) o	of	(month) (year)	at a meeting of the Board of	Directors of
	(clu	ub name) located in		(city) WI,
It was duly moved and	d seconded that the	following resolution be	adopted:	
		ectors of the above corporation of 12 Step Clubs	oration do hereby authorize th	at the corporation
The above resolution	was passed in accor	dance with the by-laws	and articles of incorporation.	
I certify that the above Directors held on the		and correct copy of a par	t of the minutes of a meeting	of the Board of
Signature		Title:		date:
Our club would like to	o make the followin	g voluntary contribution	to the Association: \$	

Please return to: Wisconsin Association of 12 Step Clubs

c/o Dan Meyer 3640 W. Sunnyview Road, Appleton, WI 54914

Email: wi.assn.12.step.clubs@gmail.com