

**WYOMING INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION
(WIAAA)**



**SEND PAYMENT TO: WIAAA
ATTN: LARRY YERADI
PO Box 490
WRIGHT WY 82732**

Invoice # 10-11WIN

DATE: _____

**Use this number on checks as reference.

Name:

School/District:

Item Description	Fee/Dues Amount		Total Amount
WIAAA/NIAAA Membership 2010-2011	\$85.00	<input checked="" type="checkbox"/>	\$85.00
			<u>\$85.00</u>

PAYMENT TYPE:

- Cash
- Personal Check# _____
- Voucher/Purchase Order# _____

District: _____

PLEASE COPY.

**KEEP ONE FOR YOUR RECORDS TO TURN IN TO YOUR BUSINESS
MANAGER TO CUT CHECK; AND SEND THE OTHER ALONG WITH YOUR
PAYMENT.**

ALSO INCLUDE A COMPLETED APPLICATION FORM.