



Your CALS Connection For Life

Become a WALSAA member today!

Wisconsin Agricultural and Life Sciences Alumni Association (WALSAA) is a 501(c)(3) charitable organization that supports the connection of students, faculty and alumni to the University of Wisconsin’s College of Agricultural and Life Sciences (CALs), including the college’s Farm and Industry Short Course (FISC).

Established in 1972, WALSAA has embarked on a remarkable journey of service and fellowship with alumni and friends of CALs. Noted by Roger Biddick, first WALSAA president at the organizations’ first meeting, “As alumni we can act more effectively than any single group to rebuild the image of greatness that this college so justly deserves and at the same time enjoy the fellowship of working together.”

WALSAA membership rates:

- Annual membership – \$50.00
- Lifetime membership – One-time payment of \$500.00 or installment payments of \$105 per year for 5 years

Advantages of being a WALSAA member include WALSAA Express newsletter delivered several times per year and invitations to WALSAA events, such as the Football Fire-up, Farm Technology Days Picnic, Hit the Ice Hockey event and Brew Crew Bash. A WALSAA membership allows you to reconnect with CALs and give back to the college where it all began. Your membership dollars will be used to aid WALSAA as it carries out its efforts to award scholarships, fund CALs Ambassadors, support student leadership and recognize exceptional faculty – all in support of the college and the alumni’s connection to it. Become a WALSAA member today!

Name: _____ E-mail: _____

Address: _____ City, State, Zip: _____

Phone: _____ Mobile Home Work

UW-Madison Graduate? Yes No If yes, year of degree: _____ Degree earned: _____

Additional degrees (please list): _____

Field(s) of study: _____

Membership level: Annual – \$50 Lifetime – \$500 Lifetime installment – \$105

Additional donation to support WALSAA: \$ _____

Total amount: \$ _____ Check Money order Amer. Express Discover MasterCard Visa

Please complete the following information if you are paying by credit card:

Cardholder’s Name: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

I authorize WALSAA to charge the credit card indicated above all charges pertaining to my donation. I attest that I am a legal authorized user of the designated card.

Signature: _____ Date: _____

Are you interested in volunteering at a WALSAA event? Yes No