



Membership Enrollment Form

Contact / Shipping Information:

Name _____

Address: _____

City _____ State ____ Zip _____

Phone _____

Email _____

Method of Payment*:

Bill to my: ____ Mastercard ____ VISA

 ____ American Express ____ Discover

Acct Number: _____

Exp. Date: _____ Security Code: _____

Cardholder's Signature: _____

* PLEASE NOTE: Your credit card will not be charged upon signup, but will be stored securely on file and charged every time a shipment is processed (every other month). Please be sure to notify us if your card number changes or you get a new card.

Return this form to:

Willis Teacher Advantage
Attn: Sales Dept.
PO Box 13819
Milwaukee, WI 53213

Fax: 414-774-3259
Attn: Willis Teacher Advantage

Call Toll-Free: 1-855-508-5511