



WIHA Judge Renewal Form

For the Year of 20__

Cost \$75.00 for three years as a WIHA recognized judge.

To: _____

Your next renewal is required three (3) years from the above.

The year 20__.

Please fill out the following if your contact information has changed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Thank you for continuing to be a part of WIHA.

- WIHA Board

Please mail completed Renewal Form along with Judge Card Fees to:

WIHA, PO Box 68, Helenville, WI 53137

Make check payable to the WIHA

You may email an updated picture or if you have any questions to:

info@wiha.us