

MUKWONAGO HISTORICAL SOCIETY

Membership Application

P.O. Box 392

Mukwonago, Wisconsin 53149

Phone: (262) 363-6413

Help Preserve Mukwonago's Heritage

Name _____

Address _____

Telephone _____

E-mail _____

MEMBERSHIP YEAR IS JUNE 1 TO MAY 31. DUES ARE COLLECTED ANNUALLY.

Membership Type:

_____ Individual Membership (\$10)

_____ Family Membership (\$15)

_____ Senior (Age 62 and older) Membership (\$5)

_____ Student Membership (\$5)

_____ Sustaining (\$25 - \$49)

_____ Sponsor (\$50 - \$99)

_____ Patron (\$100 and over)

Amount Enclosed: \$ _____

Date: _____

Please make checks payable to *Mukwonago Historical Society*.

Volunteer Opportunities:

_____ Assist with tours

_____ Assist with exhibits and displays

_____ Assist with cataloging

_____ Assist with publicity

_____ Assist with gift shop

_____ Assist with cleaning and grounds

_____ Assist with photographs and articles

_____ Assist with fund raising

_____ *I would like more information about the volunteer program and monthly meetings*

2010 SACAJAWEA COLLECTIBLE COIN WITH MEMBERSHIP (while supplies last)

For Office Use Only

Coin mailed on _____ (date)

Coin given in person _____ (date)

Coin declined _____ (date)

Coin not available _____ (date)