

# Membership Application Form

I wish to join the Markesan Historical Society

I enclose my check/money order for:

- \$10/year – individual
- \$100/lifetime individual or married couple

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Name

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Address

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City

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State

Zip

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Email

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Phone Number

Bring to a meeting or mail to:  
Markesan Historical Society  
PO Box 242  
Markesan, WI 53946