**Membership form for the May, 2022 to April, 2023 year**

Please fill out the form below and mail to:

**Vilas Historical Museum**

**P.O. Box 217**

**Sayner, WI 54560**

**Membership**

 $15 Individual Membership

 $25 Family Membership (all persons living in the same household)

 $30 Business/Professional/Resort Membership

 **Donation** (in addition to membership OR instead of)

 **$\_\_\_\_\_\_\_\_\_**

In Memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Honor of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Remember your **membership** means free admission to the museum

 (limited to your membership level)

 Thank you for supporting the museum.

 Your contribution is tax deductible to the full extent of the law.

 **PLEASE RETURN THE WHOLE FORM-Thank you**