

OLD FORT MADISON PRESERVATION, INC.

IT'S OUR STORY TO TELL...

Date _____

Is this a (Circle One) **New** or **Renewal** Application:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: Landline: _____ Cell: _____

Individual _____ at \$25.00 (January thru December) Total \$ _____

Freewill Donation _____

Volunteer area of interest _____

Mail completed membership applications and any donation to:

Old Fort Madison Preservation, Inc.
828 Denmark Hilltop
Fort Madison IA 52627
319-470-3477
sscholl09@gmail.com