



FOREST HISTORY ASSOCIATION of WISCONSIN MEMBERSHIP APPLICATION

Please enroll me as a member and a participant in the Association's program of developing the educational and historical aspects of Wisconsin's forestry and logging industry.

Attached is payment for:

Student Membership 1 year \$10____
Individual Membership 1 year \$20____ 3 years \$50 ____ 5 years \$80 ____
Family Membership 1 year \$30____ 3 years \$75 ____ 5 years \$120____
Non-Profit Organization 1 year \$30____ 3 years \$75 ____ 5 years \$120____
Corporate Membership 1 year \$55____ 3 years \$135____ 5 years \$220____
Individual Life Membership \$250____

Other Contributions:

Archive Project \$____
Capital Fund \$____
Operations \$____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please mail the completed application to:

Forest History Association of Wisconsin, Inc.
P.O. Box 186
Bangor, WI 54614