2016 Memb	ership New/I	Renewal Form
-----------	--------------	--------------

OFFICE USE ONLY

Date Rec'd____

RECORDS

	*	AmountCash/Ck #
✓ Yes! I wish to help preserve the Saukville Area heritage by sending in my membership donation as: □ \$10 Individual		Posted
		Card Sent
□ \$10 Individual □ \$15 Family	III III AAAAAAA	4444
☐ \$50 Business		
□ \$150 Corporate	Membership Yea January 1 thru D	
□ \$250 Individual Lifetime□ \$350 Family Lifetime	January 1 Ciliu L	Pecelliber 31
☐ Other \$		
☐ I am interested in volunteerin	g! Please call me!	
☐ Yes, I wish to receive an Email N	Notice that the latest news	sletter is posted on the SAHS Website!
NAME		PHONE
BUSINESS		
ADDRESS		
CITY	STATE _	ZIP
EMAIL ADDRESS	(Info is	S NOT shared with anyone without your permission!)
	_	
		ATTENTION MEMBERSHIP
Please return	the <u>TOP PORTION</u>	Cindy Douglas
of this notice with	your payment to:	Saukville Area Historical Society 1672 Indian Hill Drive
		GRAFTON WI 53024-9662
2	2	2
MEMBER RECE	IDT	
WILWIDER RECE	ir i	Saukville Area Historical Society
Name		P.O. Box 80015 Saukville WI 53080-0015
Date Sent		(262) 483-4570
	Thank Yo For your su	
Amount \$	— of the Saukvil Historical So	le Area
Cash/Check #		KEEP THIS PART FOR YOUR

Membership Type _____