

Please print out and send this form to:
Cindy Jaskolski, Membership Chair
Pewaukee Area Historical Society
PO Box 105
Pewaukee, WI 53072

Pewaukee Area Historical Society Membership

JOIN

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

____ Family Membership (\$20/year) ____ Contributing Membership (\$45/year)

____ Individual Membership (\$15/year) ____ Business Membership (\$200/year)

____ Senior Citizen Membership (\$8/year) ____ Life Membership (\$200 per person)

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VOLUNTEER:

Name _____

Please Help! Specify your preferences:

____ Board Member ____ Committee Member / Chair ____ Mailings

____ Docents ____ Organizing Archives ____ Gardening

____ History Projects ____ Craft Demonstrations ____ Phone Calling

____ Monthly Cleaning help ____ Help with Grandma's Trunk Museum Store

Other (please specify): _____

Please use the back of this form for comments, questions or suggestions.

Thank you!

For Office: ___/___/___.

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