



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	\$10.00
_____	Individual Membership	\$15.00
_____	Family Membership	\$30.00
_____	Non Profit Organization Membership	\$30.00
_____	Corporate Membership	\$55.00
_____	Individual Life Membership	\$250.00

Other Contributions:

\$_____	Student Awards
\$_____	Capital Fund
\$_____	Operations

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address : _____

Please fill out and mail this application to:

Forest History Association of Wisconsin, Inc.
P.O. Box 424
Two Rivers, WI 54241-0424