

Blue Mounds Area Project Membership Form

NAME(S): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

E-MAIL ADDRESS: _____

MEMBERSHIP STATUS:

Renewal _____ New member _____

Gift Membership for _____

MEMBERSHIP LEVEL:

Student \$15 _____

Basic \$30 _____

Contributor \$50 _____

Supporter \$100 _____

Sponsor \$500 _____

Patron \$1000 _____

Other contribution to further the BMAP mission: _____

TOTAL: _____

All contributions are tax-deductible to the fullest extent of the law

<p>MAKE CHECK PAYABLE AND RETURN TO: BLUE MOUNDS AREA PROJECT, PO BOX 332, MT. HOREB, WI 53572</p>
