



**BMAP**  
BLUE MOUNDS AREA PROJECT

## Membership Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

### Membership Status:

Renewal    New Member    Gift Membership for: \_\_\_\_\_

### Membership Level:

Basic \$40    Contributor \$70    Supporter \$100    Lifetime \$1000

Additional donation beyond annual membership: \_\_\_\_\_

TOTAL MEMBERSHIP/DONATION: \_\_\_\_\_

Make checks payable and return to: Blue Mounds Area Project, PO Box 332, Mt. Horeb, WI 53572 or you can renew or donate online at [www.bluemounds.org](http://www.bluemounds.org)

- I would like to receive information about site visits.
- I would be interested in volunteer opportunities with BMAP.

*\*\* Thank you! Your contribution is tax deductible to the extent allowed by law. \*\**