

Ashland Historical Society Museum Membership Form
216 Main Street West
Ashland, Wisconsin 54806

**All memberships, whether single, couple or household are \$15.00 for the calendar year
no matter when the membership begins during the calendar year.**

**The name or names used on the membership form is how your membership will appear.
The Museum Board of Director's wishes to thank you for your support through your
membership.**

(Please Print Clearly)

Membership Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-Mail _____

Membership amount enclosed _____ Donation amount enclosed _____

Gift of Membership for (Name) _____

Address, City, State, Zip Code _____

Gift Membership amount enclosed _____

Memorials or Honoring an Individual (Please specify)

Memorial _____ Honoring _____

Name for Memorial _____ (Please Print)

Name for Honoring _____ (Please Print)

Amount enclosed for Memorial or Honoring _____

Thank you for your Membership! Visit the Museum often or consider being a volunteer!