

PORTAGE HISTORICAL SOCIETY MEMBERSHIPS:

HISTORIAN	\$500.00 OR MORE	_____
BENEFACTOR	\$250.00 OR MORE	_____
PATRON	\$100.00 OR MORE	_____
FAMILY	\$ 30.00 OR MORE	_____
SINGLE	\$ 15.00 OR MORE	_____

ENCLOSED IS A CHECK FOR _____ FOR ANNUAL MEMBERSHIP DUES.

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

PLEASE PRINT & MAIL THIS FORM TO:

PORTAGE HISTORICAL SOCIETY

P.O. BOX 727

PORTAGE, WI 53901