

# Butte des Morts Historic Preservation Society

## Membership Application/Renewal

Please make check payable to: BDMHPS

Please mail form to:

BDMHPS

PO Box 332 Butte des Morts, WI 54927

Paid memberships run from January 1 to December 31 of any given year. New Memberships received after November 1 will be applied to the following year. We ask that existing members renew their membership before March 1 for the current year



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**My preferred membership level is (please circle one):**

\$15 – Individual

\$25 – Couple

\$35 – Family

\$5 – Student

\$100 – Business Sponsor

\$250 – Lifetime (Individual)

**My application type is for a (please circle one):**

New Member

Renewal

**My application is for the year:**

20 \_\_ \_\_

**Please provide your contact information below.**

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

Street \_\_\_\_\_

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

Phone \_(\_\_\_\_)\_\_\_\_\_

Email Address \_\_\_\_\_

I would enjoy serving on a committee. Please contact me. Yes / No (please circle one)