
Last Name, First Name (on above line)

Address

City, State, Zip

Telephone Number

E-Mail Address

For membership select from the following:

New Renew

Single \$10

Household \$15

Associate \$25

Affiliate \$50

Century \$100

Life (One Person) \$500

Membership dues cannot be used in memory of someone-only
the extra donation can be donated in memory of someone.

No personal information will be given out to anyone.

Send membership and donations to:

SAHS Box 142

Stanley, WI 54768-0142

Cut on this line ▼

Membership Form

I am enclosing an extra gift of money in addition to my
membership dues in memory of: (optional)

From: _____

Please place my donation of \$ _____

in the following fund: (Check one)

Use wherever needed

Building Fund

Trust Fund

Also choose one below:

You may publish my name and amount

Please only print my name & not the amount

Please keep my extra donation totally anonymous

For office use only

General Fund \$ _____

Trust Fund \$ _____

Building Fund \$ _____

Total received \$ _____

Q Book Post _____ Bank Post _____

Check # _____ Cash _____

Date _____

Below Form for Donations Only (not for memberships)

Donor name: _____

Address _____

City, State & Zip: _____

Telephone Number: _____

E-mail address: _____

I am making a donation to the SAHS in the amount of: _____

In memory of (optional): _____

Please check one below

Use wherever needed

Building update & improvements

Trust fund

Please choose from one below

You may publish my name and amount

Please only print my name and not the amount

Keep my name and amount totally anonymous

Send all donations & memberships to:

SAHS Box 142

Stanley, WI 54768-0142

For office use only

General Fund \$ _____

Trust Fund \$ _____

Building Fund \$ _____

Total received \$ _____

Q Book Post _____ Bank Post _____

Check # _____ Cash _____

Date: _____