

WEST POINT AREA HISTORICAL SOCIETY

MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DATE _____

YEARLY DUES AMOUNT \$5.00

DONATIONS are appreciated.

Tax deductible checks can be made payable to the **-Town of West Point**

DUES PAID _____
DONATION _____
TOTAL AMOUNT PAID _____

**RETURN TO: Karon Hamilton, Membership Chairman
N2120 Smith Park Rd., Lodi, WI 53555**

___ NEW Membership

___ RENEWAL

ANYONE WITH AN INTEREST IN WEST POINT AREA HISTORY IS WELCOME.
RESIDENCY IS NOT A REQUIREMENT TO ATTEND OR FOR MEMBERSHIP.