

**Gleason Community Club Membership Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\$5 per Individual Membership, total amount enclosed \$\_\_\_\_\_

Additional Member Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

All club correspondence will be via e-mail unless requested otherwise.

Please mail membership form to

Gleason Community Club

PO Box 45

Gleason, WI 54435

Membership renewals are due January 1<sup>st</sup> of each calendar year.