



## IHWHA Membership Application

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE OR PROVINCE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

COUNTRY, IF OTHER THAN US OR CANADA \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Enclosed is my check or money order for:**

\$ 40 Family Membership (Husband, Wife, one child under 18)

\$ 25 Annual Adult Membership (18 years or older)

\$ 350 Lifetime Membership (18 years or older)

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

**SEND APPLICATION TO: IHWHA, PO BOX 267, Whitehall, WI 54773-0267**