

# Membership Application Form

I wish to join the Markesan Historical Society

I enclose my Check/Money order for:  
(Circle one)

\$5/year – individual

\$100/lifetime individual or  
husband and wife

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Name

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Address

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City

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State

Zip

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Area Code

Phone number

Bring to a meeting, or mail to address below:

Markesan Historical Society

PO Box 242

Markesan, WI

53946