



FOREST HISTORY ASSOCIATION  
*of* WISCONSIN

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MEMBERSHIP APPLICATION

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*Please enroll me as a member and a participant in the Association's program of developing the educational and historical aspects of Wisconsin's forestry and logging industry.*

Attached is payment for:

_____	Student Membership	\$10.00
_____	Individual Membership	\$20.00
_____	Family Membership	\$30.00
_____	Non Profit Organization Membership	\$30.00
_____	Corporate Membership	\$55.00
_____	Individual Life Membership	\$250.00

**Other Contributions:**

\$_____	Student Awards
\$_____	Capital Fund
\$_____	Operations

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address : \_\_\_\_\_

Please fill out and mail this application to:

Forest History Association of Wisconsin, Inc.  
P.O. Box 424  
Two Rivers, WI 54241-0424