

Pierce County Historical Association
Membership Form
(12 Month Membership From Date Of Payment)

Name _____
Address _____

City _____ State _____ Zip _____
E-Mail _____ Phone _____

Member Preference (Pick One)

Regular \$10.00
 Senior/Student \$8.00
 Family \$15.00
 Business/Professional \$25.00
 Sustaining \$50.00

Chapter Membership Preference (Pick 1)

At Large
 Ellsworth
 Mississippi River Bluffs
 Prescott
 River Falls
 Spring Valley

In addition to my membership dues an optional donation of \$_____ is enclosed for: (check one)

<input type="checkbox"/> Archives Fund	<input type="checkbox"/> Endowment Fund
<input type="checkbox"/> General Expense Fund	<input type="checkbox"/> Future Museum Fund
<input type="checkbox"/> Other	<input type="checkbox"/> To My Chapter

If donation is a Memorial, please give person's name _____

You may pay your dues directly to your Chapter or mail them to: PCHA Office, P.O. Box 148, Ellsworth, WI 54011. Please make your check payable to PCHA (Pierce County Historical Association).

THANK YOU FOR YOUR SUPPORT!!!!