

Membership Application

My Membership is: O New O Renewal O Gift

Choose your level of Membership:

- Individual \$25
 Older Adult \$15
 - _____ Full-Time Student \$15
- O Family \$50
- O Contributor \$150
- O Patron \$350
- O Business \$500
- O Sustaining \$1,500
- O Director's Circle \$2,500
- O Benefactors Circle \$5,000

Payment

Membership Dues	\$	
Annual Fund Contributi	on \$	
Total Enclosed	\$	

- O Check made payable to WI Black Historical Society enclosed
- O My company's matching gift form is enclosed.

If Membership is a gift, please complete below:

O Mr.	0	Ms.	0	Mrs.	ON	Aiss	O Dr.	O Mr. and Mrs.
Your Na	ime	(Please	print	as it shou	ıld appea	ar in Men	nbership ma	terials)
Addres	s						Apart	ment #
City					State		Zip	
Home F	Phor	าย			Busin	iess Ph	ione	
E-mail /	٩dd	ress						

Recipient Address Apartment City State Zip Recipient Phone
Recipient Phone
Message to Recipient

Please return completed application to: Wisconsin Black Historical Society 2620 West Center Street Milwaukee, Wisconsin 53206