



Membership Application Form

Please identify the type of membership desired:

\$20/yr Individual

Membership dues are used for maintenance and protection of the church building and cemetery grounds

\$40/yr Family (two adults and children under 18)

I am enclosing an additional contribution of:

\$10 \$25 \$50 \$75 \$100 Other (amount _____)

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please make checks payable and mail to:

**The Hauge Preservation Association
Post Office Box 34
Blue Mounds, Wisconsin 53517**

Thank You for your continued support of the Hauge Log Church!

WS-1214