

**FITCHBURG HISTORICAL SOCIETY
MEMBERSHIP APPLICATION**

NAME _____

DUES APRIL 1 TO MARCH 31

ADDRESS _____

INDIVIDUAL \$10

FAMILY \$12

TELEPHONE _____

BUSINESS/PROFESSIONAL \$50
(Please circle type of membership)

EMAIL _____

(To be used by FHS for member alerts and newsletters)

BOOK ORDER

Mail form and payment to:
FITCHBURG HISTORICAL SOCIETY
5530 Lacy Road
Fitchburg, WI 53711

IRISH SETTLERS of FITCHBURG @ \$15 _____

SHIPPING Irish Settlers of Fitchburg: \$6 _____

Dues (from above) _____

Donation _____

TOTAL _____