

## Membership Form

Mail to Friends of LVNC, P.O. Box 54, Chilton, WI 53014

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

- Student \$8
- Senior Citizen \$8
- Individual \$10
- Family \$20

- Organization \$30
- Contributing \$40
- Life \$500