



## Membership Application Form

Please identify the type of membership: \$20/yr \_\_\_\_\_ Individual  
\$40/yr \_\_\_\_\_ Family (two adults and children under 18)

I would like to make an additional contribution to the Hauge Endowment Fund:

\_\_\_\_\_ \$10    \_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ Other

Name(s): \_\_\_\_\_

Street 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!**