



MEMBERSHIP APPLICATION

Mail to: Little Chute Historical Society
130 W Main St
PO Box 182
Little Chute, WI 54140

Date_____

Please Print: Last Name_____

First Name_____ MI ____

Address:

Street_____

City_____, State_____ Zip_____

Phone_____

Email Address: _____

Maiden name (if applicable) _____

---Check type of membership---

DUES:

() Single \$12.00

() Family \$18.00

() Patron (Lifetime-per person) \$100.00+