PERRY HAUGE LOG CHURCH PRESERVATION ASSOCIATION, INC.

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 Preservation 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!