



WISCONSIN ANTIQUE POWER R • E • U • N • I • O • N

P.O. BOX 651 CEDARBURG, WISCONSIN 53012

MEMBERSHIP APPLICATION/RENEWAL

Name: _____

Street Address: _____

City: _____ State ____ Zip: _____

Phone Number (include area code): _____

Email Address: _____

I give permission to include my email in the club contact list for club communication purposes only. _____ YES _____ NO

Membership Level: *(Annual membership runs with calendar year. Renewal due by January 1 of each year)*

_____ Individual Annual Membership (\$15/year)

_____ Family Annual Membership (\$25/year)

Family Members (Includes spouse and dependent children:

_____ Individual Lifetime Membership (\$150)

Make checks payable to **Wisconsin Antique Power Reunion, Inc.**

Bring your completed application/renewal with payment to the monthly membership meeting (4th Tuesday of each month except July and December) or mail the application/renewal with payment to:

Wisconsin Antique Power Reunion, Inc.
PO Box 651
Cedarburg, WI 53012