

Berlin Area Historical Society  
Membership Form

Name .....

Street .....

City, State, Zipcode .....

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E-mail .....

Membership Level (circle one)

- Single (\$15)
- Family (\$25)
- Business (\$50)
- Extra Donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Mail to:

Berlin Area Historical Society  
PO Box 83  
Berlin WI 54923

Inquiries:

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*Thank You for your support!*