

**Blue Mounds Area Project
Membership Form**



Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____ Email Address: _____

Membership Status: Renewal _____ New Member: _____

Gift Membership for: _____

Membership Level: Student \$15 _____ Basic \$30 _____ Contributor \$50 _____

Supporter \$ 100 _____ Sponsor \$500 _____ Patron \$1000 _____

Other contribution to further the BMAP mission: _____

Total contribution enclosed: _____

Optional:

If you own property you are stewarding please tell us the location:

County: _____ Township: _____

Would you like information on a BMAP site visit for your land? Yes _____

Notes or comments: _____

**** All contributions are tax-deductible to the fullest extent allowed by law ****

Please make check payable to and return to:

Blue Mounds Area Project
PO Box 332
Mount Horeb, WI 53572