



# Swedish American Historical Society of Wisconsin

## Membership Application

Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address line 1: \_\_\_\_\_

Address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Send newsletters to my e-mail address: Yes: \_\_\_ No: \_\_\_

Add me to the Genealogy Research Group Mailings: Yes: \_\_\_ No: \_\_\_

Swedish heritage, city, province, names, years, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Membership:

Membership fee \$10 annually, Donation (not required) \$ \_\_\_\_\_

Please print and mail completed form and a check for the membership fee and voluntary donation to Bev Wenzel, 4205 Kamala Ln, Brookfield, WI 53045

Please make check payable to:

“Swedish American Historical Society of WI, Inc. c/o Bev Wenzel”