

MEMBERSHIP APPLICATION



OLD MILL FOUNDATION

_____ Yes! I want to become a member of the Old Mill Foundation

NAME _____

EMAIL _____

PHONE _____

ADDRESS _____

ZIP _____

*Your \$100 tax deductible lifetime membership allows you to become
a voting member of the Old Mill Foundation.*

Please mail this form and your payment to:

**Marty Stringfield
Old Mill Foundation Treasurer
225 Jones Street
Cambria, WI 53923**