

Chippewa Valley Cultural Association

membership form

Please check one:

- Renewal
- New Member
- Address Change

Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Email address: _____

Please select one:

	<u>Membership type</u>	<u>Price</u>
<input type="checkbox"/>	Individual	\$20 per year
<input type="checkbox"/>	Family	\$30 per year
<input type="checkbox"/>	Business	\$50 per year
<input type="checkbox"/>	Lifetime	\$250 per person

I would also like to add \$_____ as a tax-deductible gift.

Make checks payable to:

Chippewa Valley Cultural Association

Mail to:

CVCA Membership
P.O. Box 144
Chippewa Falls, WI 54729