

**CABLE/NAMAKAGON HISTORICAL MUSEUM
MEMBERSHIP FORM**

I would love to become a member to support the Cable/Namakagon Historical Museum. Yearly memberships run from July 1 to June 30 of the following year.

Names(s) _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Telephone # _____

(Please consider adding your Email address for more efficient contact. Your Email & telephone will not be shared)

___ Renewal ___ New Membership

Please select your membership level:

- Single membership ~ \$20**
- Family membership ~\$25**
- Business ~ \$50**
- Donation (Financial or Artifact)**

Please specify: _____

Make check out to C/N Historical Museum

Check # _____

Return to: Cable/Namakagon Historical Museum

P.O. Box 44

Cable, WI 54821

We are a 501c3 non-profit organization and all donations are tax deductible.

Visit us on our Facebook page and on our website: www.cablehistorymuseum.com.

*Thank you for keeping our History Alive!
Cable/Namakagon Historical Museum Board*