

## AHSI MEMBERSHIP FORM

AHSI members will be notified of meetings and will be able to participate in discussions and decisions regarding AHSI business. Your input will be appreciated. You will have opportunities to volunteer behind the scenes and at public events.

Yes, I would like to help preserve the history of Altoona, Wisconsin by becoming a member of AHSI.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Check one: Cell Phone  Other

Email Address \_\_\_\_\_

Membership Fee is not required. Our Suggested Membership Donation is \$10 per year.

Membership Donation Amount \$ \_\_\_\_\_

To be more cost effective, most AHSI information will be emailed to members. If you prefer to receive printed information through the U.S. Postal Service, please check below.

I do not want to receive emails from AHSI. Please send printed AHSI information through the U.S. Postal Service instead of by email.

I give AHSI permission to release my name and/or photos of my involvement with AHSI:

Yes  No

Your address, phone number, email address will not be shared with anyone outside of the AHSI organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AHSI DONATION FORM

Altoona Historical Society, Inc. is a nonprofit organization managed by volunteers consisting of a Board of Directors and Members. Your donation can help to preserve the history of Altoona, Wisconsin. All donations are tax deductible.

Yes, I would like to help preserve the history of Altoona, Wisconsin by donating to AHSI.

Name (personal or business) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Check one: Cell Phone  Other

Email Address \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

Optional – Complete if you would like to designate your donation in memory of or in honor of a person who is significant to you.

My Donation is made IN MEMORY OF \_\_\_\_\_

My Donation is made IN HONOR OF \_\_\_\_\_

AHSI may list my name (personal or business) in printed materials and/or on the AHSI website.

Please do NOT list my name (personal or business) in printed materials and/or on the AHSI website. I wish to remain anonymous.

Your address, phone number, email address will not be shared with anyone outside of the AHSI organization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_