

**Application for Membership  
Altoona Historical Society Inc.  
P.O. Box 1, Altoona, WI 54720**

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How do you prefer to receive communications from AHSI?**

**Mail**  **Email**

**Graduated from Altoona High: Y**  **Year:** \_\_\_\_\_

**Member of Altoona Alumni: Y**  **N**

**Any information that you would like the Association to know about you:** \_\_\_\_\_

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**I hereby give AHSI permission to release information and/or photos of my involvement with AHSI: Y**  **N**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership dues are: \$10.00 single & \$15.00 family. If family please include an application for each. There are no membership dues in 2021.**

**Mail to AHSI, PO Box 1, Altoona, WI, 54720**