2022-2023 Madison Sports Hall of Fame Club Membership Form

Last name:	First name:
Street address:	
City: Sta	ate: Zip code:
Check one: /_/ Renewal membership	/_/New membership
Cell Phone:	Home Phone:
Work Phone:	
E-mail address:	
Employer:	Position:
a member, add \$15.00 more to the mer If adding spouse as member, his/her ce His/her email address: Dues (notice this an increase of \$5.00 f Regular membership (paid by October 1 Regular membership (paid after Octobe	rom previous years}: 1, 2022) = \$105.00 2r 1, 2022) = \$110.00 2d/or Active Sports Media Membership()
New memberships (anytime)= \$105	
Please make your dues check out to: A	Лadison Sports Hall of Fame Club
Mail your check and this form to:	
MSHOFC, c/o Peter Williams 41 Apple Hill Circle Madison, WI 53717-1037 (or bring check and completed form to Williams, Secretary or Paul Swanson, Tr	

For office only: Paid \$_____ | Check # _____ or Cash Payment \(\precedef \) Date _____