2023-2024 Madison Sports Hall of Fame Club Membership Form

Last name:	First name: __	
Street address:		
City:	State:	_ Zip code:
Check one: Renewal membership	│ □ New members	hip
Cell Phone:	Home Phone:	
Work Phone:	_	
E-mail address:		
Employer:	Position:	
Spouse's name:(If you want your spouse to be a member, act If adding spouse as member, his/her ce His/her email address:	dd \$15.00 more to the r ell phone number: _	
Please make your dues check out to:	Madison Sports Hall	of Fame Club
Mail your check and this form to:		
MSHOFC, c/o Peter Williams, 41 Apple (or bring check and completed form to Williams, Secretary or Paul Swanson, T	a weekly luncheon d	
Dues (notice this an increase of \$5.00 Regular membership (paid by October Regular membership (paid after Octob	1, 2023) = \$105.00	
Hall of Fame Inductee and/or Active S Paid by October 1, 2023 = \$65.00 Paid	•	-
If you are a Hall of Fame Inductee, wha	at year were you ind	ucted?
New memberships (anytime) = \$105		
For office only: Paid \$ Date:	Via: 🗆	Check Cash