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	ship	
Cell Phone:	Home Phone:		
Work Phone:	_		
E-mail address:			
Employer:	Position:		
Spouse's name: (If you want your spouse to be a member, ad If adding spouse as member, his/her ce His/her email address:	ld \$10.00 more to the ell phone number: _	membership fee quoted below.)	
Please make your dues check out to:	Madison Sports Hal	ll 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		
Dues (notice this an increase of \$5.00 Regular membership (paid by October Regular membership (paid after October	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 inc	ducted?	
New memberships (anytime) = \$105			

For office only: Paid \$	Date:	Via: 🗌 Check	🗆 Cash
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