

2024-2025 Madison Sports Hall of Fame Club Membership Form

Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ Zipcode: _____

Check one: Renewal membership | New membership

Cell Phone: _____ Home Phone: _____

Work Phone: _____

E-mail address: _____

Employer: _____ Position: _____

Spouse's name: _____

(If you want your spouse to be a member, add \$15.00 more to the membership fee quoted below.)

If adding a spouse as a member, his / her cell phone number: _____

His / her email address: _____

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 Hill Circle, Madison, WI 53717-1037
(or bring a check and completed form to a weekly luncheon and turn it in to Peter Williams, Secretary, or Paul Swanson, Treasurer)*

Dues:

Regular membership (paid by October 1, 2024) = \$105.00

Regular membership (paid after October 1, 2024) = \$110.00

Hall of Fame Inductee and/or Active Sports Media Membership

Paid by October 1, 2024 = \$65.00 | Paid after October 1, 2024 = \$70.00

If you are a Hall of Fame Inductee, what year were you inducted? _____

New memberships (anytime) = \$105

For office only: Paid \$ _____ Date: _____ Via: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash
