



# Friends of the Center Annual Membership Packages

Please complete and mail to: Friends of the Center  
29270 County Hwy G  
Ashland, WI 54806

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Membership Category:  Student -\$15     Individual-\$25     Family-\$50     Business-\$100

Please accept my additional tax-deductible contribution of \$\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_    3 Digit code from back: \_\_\_\_\_

Signature \_\_\_\_\_