

Redgranite Civic Center

PO BOX 81

Redgranite WI 54970

Membership Application

Applicant information

Name_____

Phone Number_____ **Cell Number**_____

Current Address_____

City_____ **State**_____ **Zip code**_____

Email Address_____

Spouse Information if joint membership_____

Signature_____ **Date**_____

Spouse signature if joint membership_____ **Date**_____

**Membership Fee is \$20.00 per year
w/spouse \$25.00 per year**

**Other donations of any
amount**_____

Total_____

Staff Initials_____