

Sussex Antique Power Association, Inc.



Membership & Annual Dues

LAST NAME: _____ FIRST: _____

(For Family Membership only-List first names here.): _____

Children must be under 18 yrs of age.

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

CELL PHONE: _____

ANNUAL DUES: January 1-December 31, 2011 (Expiration Date: **12/31/11**)

(Please Check Type of Membership Below)

Individual Membership (\$10.00) Family Membership (\$15.00)

Make Check Payable to: Sussex Antique Power Association

Mail completed form and check along with a self-addressed stamped envelope to:

Membership Chairpersons

Michael or Lora Sauer
517 N. Holden St.
Port Washington, WI 53074

(For office use only)

Total membership renewals: _____ Membership amount paid: \$ _____ Check # _____

Number(s) _____

Cash