



PO Box 122
Mosinee, WI 54455

Serving the People of the Mosinee Area

Membership Application

Date _____

Name _____

Address _____

Mailing _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Email _____

*I understand that my membership includes a minimum of 20 hours
per year of active participation.*

Signature _____

Date _____