

# Membership Form

Please print this form, fill-in the appropriate spaces, then mail with a check or money order payable to: "MUSKIES, INC."

Send to:  
Muskie, Inc.  
Ron Groeschl  
14257 Waters Edge Ter  
New Berlin, WI 53151

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Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ zip code \_\_\_\_\_

Phone \_\_\_\_\_

Chapter Affiliation Choice Number - St. Cloud Minnesota Chapter

My Membership # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check one:  New Member  Renewal  Address Change  Gift

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**Please choose membership type:**

Check appropriate box(s)

\$100.00 additional to include spouse or junior member (up to age18) if purchased at the same time

Regular Member 1 yr - \$35.00  Two yr - \$65.00  Three yr. - \$95.00

Family -1 magazine 1 yr - \$47.50  Two yr. - \$90.00  Three yr. - \$132.50

Junior Member(to 18) - \$20.00

Regular one year active military membership (must use APO/Military Installation Address) - \$30.00

Muskie Research Donation \$ \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_

Name of Junior Member \_\_\_\_\_ Birthday of Jr. Member \_\_\_\_\_