



JOIN US!

Business Membership Application

It is because of the vital support provided by dedicated members and donors that the Ephraim Historical Foundation has been able to collect, preserve, and share the priceless evidence of Ephraim’s past since 1949. Your membership ensures that our stories, and those of our ancestors, are told for generations to come.

MEMBERSHIP BENEFITS

- Company logo displayed on EHF website and in museum buildings
(Please email a high-res jpeg or png of your logo that looks good on a white background)
- EHF window decal
- Personalized membership cards
- Time Travelers reciprocal program
- Invitations to openings and events
- Two yearly newsletters
- Hub digital communications
- Annual membership directory
- Free 1/4 pound of candy at the Anderson Store
- 10% discount at the Anderson Store
(Does not include candy)
- Free History Tram Tours
- Annual Report and voting privileges at the July Annual Meeting
- NARM Benefits (for owners)

Membership Form

Please fill out the form below and send with payment to **Ephraim Historical Foundation, attn: Membership, P.O. Box 165, Ephraim, WI 54211-0165** or join online at www.ephraim.org/membership.

BUSINESS MEMBER INFORMATION

BUSINESS(ES) NAME(S)

OWNER NAME(S) PRIMARY CONTACT

ADDRESS

CITY STATE ZIP CODE

BUSINESS PHONE WEBSITE

EMAIL (FOR INVITATIONS, NEWSLETTERS, AND UPDATES)

I'd like to receive my newsletters by: email only print only Note: Newsletters are sent by mail (print) and email, unless requested otherwise.

I'd like the owner name(s) to be included in the Membership Directory: yes no

MEMBERSHIP LEVEL

- Regular**
\$150
- Multi-Business**
\$200
(listing for 2+ businesses)

DONATE

I'd like to make an additional donation to the *Ephraim Foundation Heritage Fund* in the amount of \$_____

The Ephraim Historical Foundation is a 501(c)(3) organization. Your contributions are tax-deductible.

PAYMENT

Enclosed is my check of \$_____ payable to the *Ephraim Historical Foundation*

Please charge my full gift of \$_____ to my:
 Visa Mastercard Discover AMEX

CARD NUMBER EXP. DATE CVV/CVC

ZIP CODE SIGNATURE

I'd like my membership to automatically renew every year using this card.