

JOIN US!

Family 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.

A family membership consists of a single household sharing the same permanent addresss.

Membership Levels and Benefits

Regular	\$75	- \$99

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

Supporting \$100 - \$249

Regular benefits plus:

NARM benefits

Contributing \$250 - \$499

Regular benefits plus:

NARM benefits

Complimentary exhibit guide

Sustaining \$500-\$999

Regular benefits plus:

NARM benefits

Complimentary exhibit guide

Artifact sponsorship*

*See Adopt-an-Artifact leaflet for additional information.

Founders' Circle \$1000+

Regular benefits plus:

NARM benefits

Complimentary exhibit guide

Artifact sponsorship*

Become member of The 1949 Society

The Ephraim Historical Foundation is a 501(c)(3) organization. Your contributions are tax-deductible less than the fair market value of any benefits you receive. Adults on the membership must live at the same address. Membership is non-transferable (except to babysitter) and cannot be used for school or group visits.

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**.

MEMBER INFORMATION

PLEASE LIST THE INFORMATION OF BOTH ADULTS IN YOUR FAMILY MEMBERSHIP. (CHILDREN UNDER 18 ARE INCLUDED, BUT DO NOT NEED TO BE LISTED.)

FIRST NAME	LAST NAME	FIRST NAM	IE	LAST NAME
PHONE		PHONE		
EMAIL (FOR INVITATIONS, NEWSLE	TTERS, AND UPDATES)	EMAIL (FO	R INVITATIONS, NEWSLETTE	ERS, AND UPDATES)
PRIMARY ADDRESS		SECON	DARY ADDRESS	
ADDRESS	P.O. BOX	ADDRESS		P.O. BOX
CITY	STATE ZIP CC	DDE CITY		STATE ZIP CODE
		APPROXIM	ATE DATE RANGE FOR WHEN	N YOU ARE AT THIS ADDRESS
I'd like to recieve my newsl	etters by: □email only □ print on	ly Note: Newsletters	are sent by mail (print)	and email, unless requested otherwise.
I'd like my email addresses	to be included in the Membership D	irectory: 🔲 yes	□ no	
_				
☐ This is a GIFT N	MEMBERSHIP for:			
NAME(S) - PROVIDE BOTH ADULT N	NAMES			(Gift membership package is sent directly to the recipient.)
ADDRESS				Send renewal notices to:
CITY		STATE	ZIP CODE	☐ Me ☐ Recipient
EMAIL (FOR INVITATIONS, NEWSLE	TTERS, AND UPDATES)			
CHOOSE YOUR	MEMBERSHIP LEVEL		DONATE	
Regular \$75 - \$99		ntributing 50 - \$499	I'd like to make and donation to the <i>E</i>	phraim KHEKITTON OF
☐ Sustaining*	☐ Founders' Circle* *P	lease include artifact	in the amount of	uge rullu
\$500 - \$999	nam	ne if you would like to ticipate in the Adopt-	Ś	PHRAIM FOUNDAT
	• a	n-Artifact program	Ψ	
PAYMENT				
Enclosed is my ch	neck of \$ payable to t	he Ephraim Histo	rical Foundation	
Please charge my	/ full gift of \$ to my:			l'd like my membership to
	Mastercard □ Discover □ AM	EX		automatically renew every
CARD NUMBER		P. DATE	CVV/CVC	year using this card.
ZIP CODE	SIGNATURE			
ZII CODE	2.2			