

2017-2018 Madison Sports Hall of Fame Club Membership Form

Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Circle one: Renewal membership / New membership

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail address: _____

Employer: _____ Position: _____

Spouse's name: _____ Club member: (circle one) Yes / No

(Add your spouse as a member for \$10.00 more to the fee quoted below.

If adding spouse as member, his/her email address: _____

Check here if you do **not** want your email address(es) shared with Club members.

The Madison Sports Hall of Fame Club is interested in having members actively participate in the club's activities. We need assistance for the Annual HOF Awards banquet, recruiting sponsors, nominating awardees, the Annual Holiday party and other committees. ***See madisonsportshalloffame.org***

Please indicate any special interests you may have in our activities and whether you would be willing to help. Willingness to volunteer time to club (circle one): Yes / No

Special interest(s): _____

Please make your dues check out to: *Madison Sports Hall of Fame Club*

Mail your check and this form to: *MSHOFC, c/o Peter Williams, 41 Apple Hill Circle, Madison, WI 53717-1037 or bring check and form to a weekly luncheon and turn in to Peter Williams, Secretary or Bob Nicholson, Treasurer.*

Dues:

Regular membership (paid by October 2, 2017) = \$100

Regular membership (paid after October 2, 2017) = \$105

New members (anytime) = \$100

Hall of Fame Inductee and/or Active Sports Media Membership

Paid by October 2, 2017 = \$60 | Paid after October 2, 2017 = \$65

Paid \$ _____
Date _____
Check # _____
or Cash Payment <input type="checkbox"/>