



MEMBERSHIP FORM

_____ Yes! Enroll me as a member. We are a charitable, tax-exempt corporation.

Enclosed is my contribution in the amount of:

_____ \$25 (Basic) _____ \$10 (Student) _____ \$50 _____ \$100
_____ \$500 _____ \$1000 _____ \$5000 (Benefactor)

Contributions above Basic Membership may be allocated to specific ongoing projects:

\$_____ The Effigy Mounds Grand Tour

\$_____ The Gottschall Rockshelter Excavations

List your expertise or skills that you might want to contribute (optional):

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please make check payable to: Cultural Landscape Legacies, Inc.

Mailing address: PO Box 187, Muscoda, WI 53573

Telephone #: 1-800-221-3792