



Membership RENEWAL Form Please fill out one renewal form per person.
Please Print.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone No. (____) _____ E-mail _____

As a member of the Wisconsin Historical Steam Engine Association Inc., I agree to honor the bylaws of the organization.

Signature _____ Date _____

Membership renewal is \$20.00 per person.
Make checks payable to: WHSEA
Please forward renewal form and dues to:

WHSEA Membership
3208 W. Lily Creek Rd.
Freeport, IL 61032

info@whsea.org
www.whsea.org