

MJJGW MEMBERSHIP APPLICATION

Name: _____

Email: _____

Telephone: _____

Street address: _____

City / State / Zip: _____

Individual membership: \$7.00 enclosed

Family membership: \$9.00 enclosed

Make check payable to and mail to the following address (along with this form):

MJJGW
PO Box 363
Sparta, WI 54656