



New Member Contact Information

Name _____

Address _____

Address 2 _____

City _____

State _____

ZIP _____

Phone () _____

e-mail _____ @ _____

Choose Membership Plan

<input type="checkbox"/>	Annual	\$5.00
<input type="checkbox"/>	Two-years	\$10.00
<input type="checkbox"/>	Three-years	\$15.00

**Please Remit Your Dues Payment By Personal Check
(Made Payable to Badger Knife Club) To:**

**Robert G. Schrap
Badger Knife Club
P. O. Box 511
Elm Grove, WI 53122**

MEMBERSHIP **APPLICATION**

