



**NEW LONDON HERITAGE HISTORICAL SOCIETY
2025/2026 MEMBERSHIP**

Name _____ New _____ Renewal _____

Street Address _____

City _____ State _____ ZIP _____

Email address: _____ Phone #: _____

Comments: _____

____ \$20 Individual ____ \$45 Family ____ \$15 Student/Vet ____ \$300 Sustaining Ck# _____

**Please send to NLHHS – MEMBERSHIP, P.O. Box 84, New London, WI 54961
NLHHS is tax exempt under IRS 501(c)(3), tax #39-1292274**



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