



APPLICATION FOR MEMBERSHIP MENASHA ACTION COUNCIL

DATE: _____

COMPANY: _____

KEY CONTACT: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL: _____

WEBSITE: _____

AREAS OF INTEREST

MEMBERSHIP LEVEL (PLEASE CIRCLE)

Leader \$2500+

Partner \$1000 +

Member \$500+

SEND TO:

MENASHA ACTION COUNCIL

PO BOX 432

MENASHA WI 54952