

# Milwaukee Pagan Unity Council Membership Form

## Select Membership Type

- Individual - \$15       Partnership (2 persons) - \$25  
 Organization (Business or other group) - \$50

Please Print

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Please return to PUC Officer personally  
or mail to:

Milwaukee PUC  
2975 S. 60<sup>th</sup> Street  
Milwaukee, WI 53219

Thank you for your support!

[milwaukeekeepuc.weebly.com](http://milwaukeekeepuc.weebly.com)  
[milwpuc@yahoo.com](mailto:milwpuc@yahoo.com)

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Office Use:

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_

Membership card distributed: \_\_\_\_\_