

**ACLU of Wisconsin Membership Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w)

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

Membership Dues: \_\_\_\_\_ \$5 \_\_\_\_\_ \$20 \_\_\_\_\_ \$35 \_\_\_\_\_ \$75 \_\_\_\_\_ \$125 \_\_\_\_\_ Other

\_\_\_\_\_ I do not wish to become a member.

Please consider this a contribution toward the ACLU's work.

\_\_\_\_\_ My check is enclosed.

\_\_\_\_\_ Please charge my \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Please mail or fax the completed form to:**

ACLU of Wisconsin  
207 East Buffalo Street Suite 325  
Milwaukee, WI 53202-5774  
FAX: 414.272.0182

If you have trouble printing this form and wish to receive an application in the mail please call 414.272.4032 or email your name and address to [Liberty@aclu-wi.org](mailto:Liberty@aclu-wi.org)