



MEMBERSHIP FORM 2026

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

MEMBERSHIP TYPE:

SINGLE \$10.00 _____

FAMILY \$20.00 _____

YOUTH \$5.00 _____

(Includes 2 adults and children under 18 in the same household)

LIFETIME SINGLE \$100.00 _____

LIFETIME FAMILY \$150.00 _____

(Includes 2 adults and children under 18 in the same household)

FOR FAMILY MEMBERSHIP, PLEASE LIST NAMES:

Do you mind if your Name, Address, Phone Number & Email are listed in our Annual Directory? Yes ___ No ___
(if nothing is checked, it will be listed)

MAKE CHECKS PAYABLE TO:

UMBHA

MAIL TO:

TINA HANSEN

PO BOX 13

SHARON, WI 53585

MEMBERSHIP RUNS FROM JANUARY 1ST UNTIL DECEMBER 31ST.