



PAL Membership Form

- _____ \$20.00 Individual
- _____ \$30.00 Household
- _____ \$100.00 Patron
- _____ \$250.00 Business/Supporting
- _____ \$15.00 Individual Senior/Student

Name _____

Address _____

Phone _____

Email _____

For Credit Card Users

Visa Mastercard Discover Am. Express.

Card Number _____

Expiration date _____/_____

3 Digit Security Code _____

Mail to:

Email to:

**PAL
119 King St
La Crosse, WI 54601**

preservationalliance@gmail.com