

Membership Application

NAME(S) _____

Maiden name of wife _____

Address _____

City/State (Province)/ZIP _____

Telephone _____

Email address _____

Ancestors came from _____ area of Hedmark

Spouse's ancestors came from _____ area of Hedmark



Dues are based on a calendar year. Dues for foreign membership are the same as for US, in \$US.

Please indicate the type of membership you want:

_____ Individual @ \$15

_____ Household @ \$20 (2 persons)

_____ Lifetime individual @ \$200

_____ Lifetime household @ \$300

_____ Lifetime patron individual @ \$500

Make check payable to **Solørlag**

Mail check to:

Kathy Johnson

5701 Anchorage Ave.

Madison, WI 53705

Printing and mailing newsletters costs the lag about \$200 per issue. Check **YES** below to help the lag financially by receiving the Ekko by email.

YES! I would like to receive the newsletter by

Are you new to Solørlag? Please tell us how you heard about us. _____