

# ASSOCIATE MEMBERSHIP APPLICATION

Complete and return this form to Marguerite Greinke, Treasurer, 4245 N. 162<sup>nd</sup> St, Brookfield, WI 53005-1408

with a check in the amount of \$30 made payable to the MacDowell Club of Milwaukee

Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip+4 \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Membership helps support the activities of the Club, including biennial scholarships, composer competitions, member-only houseconcerts and free public concerts presenting our Performing Members