



(\$5.00) \_\_\_\_\_ One Year or  
 (\$9.00) \_\_\_\_\_ Two Years  
 \_\_\_\_\_ New Subscriber  
 \_\_\_\_\_ Renewal



*Celebrating  
 Thirty Years  
 of  
 UPDATE*

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_+4

Please make check payable to: **WAHCE**

Check \_\_\_\_\_ Cash \_\_\_\_\_

Check No. \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Diane Koch.  
 WAHCE Treasurer  
 W1646 Hochheim Road  
 Mayville, WI 53050