

Mahnomen County Historical Society Membership Form

Check Year(S) Of Membership

2017 _____

2018 _____

NAME(S) _____

Or BUSINESS _____

ADDRESS _____

CITY _____ STATE: _____ ZIP _____

EMAIL (PRINT CAREFULLY) PLEASE

PHONE: _____ or CELL: _____

CHOOSE ONE: I would like a (text) (email) (no) reminder for monthly meetings or special events.

Newsletters are included and mailed to all members

Your gift is tax deductible

△ BUSINESS: \$30

△ FAMILY: \$25

△ INDIVIDUAL \$15

\$ _____

PLEASE CONSIDER A

DONATIONS ABOVE AND BEYOND MEMBERSHIP: \$ _____ EXTRA AMOUNT

SUPPORTER \$50-\$99

BOOSTER \$100-249

SUSTAINING \$250-499

BENEFACTOR \$500+

A gift of \$1000- gives you a family history board display (if you choose)

\$ _____ TOTAL

MAIL TO:

MCHS

PO BOX 123

MAHNOMEN MN 56557