

Mahnomen County Historical Society Membership Form

Year Of Membership 20 _____

NAME(S) _____

Or BUSINESS _____

*ADDRESS _____

CITY _____ STATE: _____ ZIP _____

EMAIL (PRINT CAREFULLY) PLEASE

PHONE: _____ (optional)

*Newsletters are **mailed**- we must have a mailing address. We are a 501c(3).
Your gift is tax deductible. Fill in your membership on the line below:

BUSINESS: \$30

FAMILY: \$25

INDIVIDUAL \$15

Membership \$ _____

PLEASE CONSIDER DONATIONS **ABOVE AND BEYOND**

SUPPORTER \$50-\$99 BOOSTER \$100-\$199

SUSTAINING \$200-\$499

BENEFACTOR \$500+

Extra Amount \$ _____

Total \$ _____

MAIL TO:

Mahnomen County Historical Society

PO BOX 123

Mahnomen MN 56557