

MEMBERSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ EMAIL _____

MEMBERSHIP TYPE:

INDIVIDUAL (ANNUAL) \$ 15.00 _____ INDIVIDUAL LIFE \$150.00 _____

FAMILY (ANNUAL) \$ 25.00 _____ A GREAT INVESTMENT!

I WISH TO MAKE A TAX-DEDUCTIBLE DONATION TO TCHS

AMOUNT \$ _____ NOTES _____

PLEASE MAKE CHECK PAYABLE TO TCHS AND MAIL TO:

Tonganoxie Community Historical Society, P.O. Box 785, Tonganoxie, KS 66086-0785