



KATHLEEN AREA HISTORICAL SOCIETY
 P.O. BOX 977
 KATHLEEN, FL 33849-0977

Preserving the Past for the Future

MEMBERSHIP APPLICATION

DATE: _____ Receipt # (KAHS Use) _____

Please CHECK one: NEW Membership _____ OR RENEWAL Membership _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

TYPE OF MEMBERSHIP – Please CHECK one (*membership year January – December*):

_____ Single - \$15 for one year _____ Family - \$25 for one year

_____ Corporate - \$100 for one year _____ Lifetime – 1 time payment of \$125
 (*Corporate level includes booth space at Heritage Day & Fall Festival*)

Does your family have any ties to the Kathleen Area? If so, please explain: _____

Do you have any early pioneer or craft skills such as quilting, woodworking, etc.? If so, please explain: _____

With WHICH of the following activities or events would YOU be willing to assist?

- | | |
|---|------------------------------------|
| _____ Archives – Education & Interpretation | _____ Improving & Maintaining Park |
| _____ By-Laws | _____ Membership |
| _____ Educational Projects | _____ Museum |
| _____ Fall Festival in November | _____ Newsletter |
| _____ Finance | _____ Property Development |
| _____ Funding/Grants | _____ Publicity & Marketing |
| _____ Heritage Day in March | _____ Spaghetti Suppers |
| _____ Hospitality | _____ Special Events |

Return completed form with check payable to: Kathleen Area Historical Society
ATTENTION: MEMBERSHIP - P.O. Box 977, Kathleen, FL 33849-0977