



Kathleen Area Historical Society

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 - \$20 for one year

_____ Family - \$30 for one year

_____ Corporate - \$100 for one year
(*Corporate level includes booth space at Heritage Day*)

_____ Lifetime – 1 time payment of \$125

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

_____ By-Laws

_____ Cane Grinding/Syrup Making

_____ Educational Projects

_____ Finance

_____ Funding/Grants

_____ Heritage Day in March

_____ Hospitality

_____ Improving & Maintaining Park

_____ Membership

_____ Museum

_____ Newsletter

_____ Property Development

_____ Publicity & Marketing

_____ Spaghetti Suppers

_____ Special Events