

# Chisago County Historical Society

## Membership Application/Renewal Form

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*Preserving and sharing history....everyday!*

### Types of Annual Membership Available:

\_\_\_\_\_ Sponsor (\$100.00)

\_\_\_\_\_ Patron (\$40.00)

\_\_\_\_\_ Family (\$30.00)

\_\_\_\_\_ Individual (\$20.00)

In addition to my membership, I have enclosed an **extra donation** to be used for the County Historical Society's educational programs and historic sites.

(indicate amount \_\_\_\_\_)

Please make check payable to:

Chisago County Historical Society  
and send with this completed form to:

Chisago County Historical Society  
P.O. Box 146,  
Lindström, MN 55045-0146