WAHS Membership Form

To join the Walkerton Area Historical Society, please complete the following form; return to:

Anna Anderson Make check payable to: 8840 N. 1050 E. Town of Walkerton/WAHS Walkerton, IN 46574 Office Use: Annual Dues Per Person: \$10.00 Date joined: _ Annual Dues Per Couple: Receipt Membership Card □ Dues are for January-December Number of persons joining: _ Amount Enclosed: Dues \$ Donation \$____ New Membership □ Renewal Donation Only Maiden Name Mailing Address _____ _____ Apt. ____ City/State _____ Zip _____ Phone (_____) E-mail ____ What we will do for you: What can you do for us? $\sqrt{}$ quarterly **Voice** of the **Past** staff museum $\sqrt{}$ discounts on WAHS sales items ____ computer data entry $\sqrt{}$ monthly meetings serve on short-term committees special events ____ do research fellowship with people who love history

_ attend monthly meetings