



Membership Form

Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home #: _____ Mobile #: _____ Text? Y N
(please circle one)

How would you like to be contacted by the Society (e.g. upcoming events, meetings)? (please check all that apply)

E-mail

Mail

Facebook

Phone

Twitter

Text

Please choose one of the following \$10 memberships listing names for family or Groups/Business:

Individual

Family _____

Groups/Business _____

If you wish to make a Special Gifting donation, please contact our treasurer.

Patron: \$125 +
Resident: \$250 +
Settler: \$1,000 +

Pioneer: \$5,000 +
Explorer: \$25,000 +
Founder: \$100,000 +

Signature: _____ Date: _____

Submit membership form and dues to Kiersten Allen, Treasurer, or mail to Louisburg Historical Society, PO Box 1422, Louisburg, KS 66053. Dues are payable each Dec 31 thereafter.

Cash \$ _____ Check # _____ Check \$ _____ Rec'd By: _____ Date: ___/___/___