

# **Clay County Historical Society**

## **Membership Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Date: \_\_\_\_\_

New: \_\_\_\_\_

Renew: \_\_\_\_\_

Dues:

Annual Individual: \$10

Annual Couple: \$20

Life Individual: \$200

Life Couple: \$300

Student: \$5