



EDEN VALLEY AREA HISTORICAL SOCIETY MEMBERSHIP & DONATION FORM

NAME(S): _____

GUARDIAN SIGNATURE FOR ANY MEMBER UNDER 18: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESSES (if members have different email addresses, please list **each** different address and associated name):

ANNUAL SOCIETY MEMBERSHIP (January - December)

SINGLE \$25

SENIOR SINGLE \$20 (age 65 or over)

FAMILY*\$40

SENIOR FAMILY* \$35

*Family refers to those living in the same household

I'D LIKE TO MAKE AN ADDITIONAL **DONATION** of \$ _____ (tax deductible)

Please note donation is for specific purpose or is in memoriam or honor of persons or events:

Date of Payment: _____ **TOTAL AMOUNT:** _____ **Check #:** _____ **Cash:** _____

Please make checks payable to: "EVAHS" (Eden Valley Area Historical Society) and mail to EVAHS, PO Box 434, Eden Valley, MN 55329

KEEP THIS SECTION AS YOUR RECEIPT FOR EVAHS MEMBERSHIP

BENEFITS OF AN ANNUAL MEMBERSHIP

- The quarterly newsletter will be sent to your inbox or mailbox, & you will receive discounts on upcoming events & parties.
- The knowledge that you are a critical part of preserving & promoting the cultural, historical & economic heritage of the Eden Valley area communities.
- EVAHS is a 501c3 non-profit and your additional donations are tax deductible.

Date of Payment: _____ Check # _____ Cash _____

Membership Amount paid _____ Additional donation paid _____

Thank you very much for supporting the Eden Valley Area Historical Society!