



**APPLICATION FOR MEMBERSHIP**

Jay County Historical Society, Inc.  
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

<p><b><u>ANNUAL MEMBERSHIP</u></b></p> <p>___ New ___ Renewal</p> <p>Membership (\$25) \$ _____</p> <p>Friends (\$50) \$ _____</p> <p>Sustaining (\$100) \$ _____</p> <p>Patron (\$250) \$ _____</p>	<p><b><u>LIFETIME MEMBERSHIP</u></b> (Nontransferable)</p> <p>Single (\$300) \$ _____</p> <p>Husband &amp; Wife (\$500) \$ _____</p> <hr/> <p>Additional Donation to Support the Museum \$ _____</p>	<p><i>Our museum is supported mainly by your dues and donations. Thank you for helping preserve the heritage of Jay County for future generations.</i></p> <hr/> <p><u>For Office Use:</u></p> <p>Amount Paid \$ _____</p> <p>Cash _____</p> <p>Check No. _____</p> <p>Entered _____</p> <p>Expiration Date _____</p>
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