

MAIL-IN MEMBERSHIP FORM

Name: _____

Address: _____

City, State, Zip: _____

E-mail address: _____

Phone # _____

Check here if you are willing to volunteer for special events.

Check here if you are willing to serve on a committee.

Lifetime membership is \$20 per person.

Make check payable to ***Kearny County Historical Society*** and mail with this form to:

**KCHS
PO Box 329
Lakin, KS 67860**