

BELTON HISTORICAL SOCIETY
P.O. BOX 1144
BELTON, MO 64012-1144

APPLICATION FOR MEMBERSHIP OR RENEWAL

FOR THE YEAR: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NO.: _____

TYPE OF MEMBERSHIP (please circle one):

Individual \$15;

Business \$25;

Life (Individual – one payment) \$150.

The dues run on a calendar year basis. The date on your mailing label of the most recent newsletter reflects your current dues status. If it reads this current year (or later) or LIFE, your status is current. Mail to the address above. If you wish to make a separate memorial gift, indicate below the person being remembered and the amount of the gift. Payments may be sent to the address above.

In memory of: _____ Amount Enclosed: \$ _____

Designated gift for scholarships: _____ Amount Enclosed: \$ _____