



Kingdom of Callaway Historical Society

513 Court Street
PO Box 6073
Fulton, MO 65251
573-642-0570
<http://www.kchsoc.org>
museum@kchsoc.org

MEMBERSHIP APPLICATION

(12-month membership)

Thank you for supporting the Kingdom of Callaway Historical Society (KCHS) and allowing the Society and the museum to continue the mission of collecting, preserving and sharing the history of Callaway County with present and future generations. We value your membership.

Name(s) _____

Address _____

City, State, ZIP _____

Home Phone _____ Cell phone _____

Email _____ Date of application _____

Member Benefits

All members receive the KCHS monthly newsletter, discounts on gift shop items, ticket discounts on events, access to the members-only website, and listings in the annual report and/or newsletter. Memberships are for a twelve month period from date of initiation.

I am/We are pleased to join the Kingdom of Callaway Historical Society (KCHS) at the following level:

<u>Level</u>	<u>Cost</u>	<u>Additional Benefits for First-Time Members</u>
___ Individual	\$ 25	<i>Original Land Entries</i> book (\$12 value)
___ Family	\$ 40	One CD from KCHS's Membership Collection (\$20 value)
___ Heritage	\$ 75	<i>1984 History of Callaway</i> book (\$35 value)
CALLAWEGIAN SOCIETY (NEW) (charter members accepted until July 31, 2014)		
___ Silver Level	\$100	One CD from KCHS's Membership Collection (\$20 value), 3-flag set (\$15 value)
___ Gold Level	\$250	2 tickets to KCHS Annual Meeting dinner (\$30 value), 3-flag set (\$15 value) \$25 voucher for research services
___ Platinum Level	\$500	2 tickets to KCHS Annual Meeting dinner (\$30 value), 3-flag set (\$15 value) \$50 voucher for research services

THANK YOU FOR SUPPORTING KCHS

Membership Renewal

New Member

Please return this completed form and payment to the address above. Dues are tax-deductible less the value of any goods and services provided as listed above.

For Office Use Only	
Date of Initiation	_____
Payment	_____
Processed by	_____
Acknowledged	_____