

I wish to join the Tonganoxie Community Historical Society.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

New Member  Membership Renewal  Donation

Type of Membership: Contributor Levels:

Individual \$10.00  Supporter \$100.00

Family \$15.00  Sponsor \$250.00

Individual \$100.00  Patron \$500.00

Other \$ \_\_\_\_\_  Benefactor \$1000.00

I wish to make a tax-deductible donation \$ \_\_\_\_\_

Memorial  
(name) \_\_\_\_\_

Cash/Check for \$ \_\_\_\_\_ is enclosed.

Make check payable to TCHS.