

MACON COUNTY HISTORICAL SOCIETY

Membership Form

All dues and donations are tax deductible

Name: _____ Date _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

(PLEASE PRINT EMAIL)

In our effort to maintain the building, including restoration and upkeep, we are requesting your help as follows:

1. _____ Membership is \$10.00 for individual or \$15 per family. (Used for electric and water bills)
2. _____ Additional donations above membership (Used for continued restoration projects)

Make payment to **Macon County Historical Society** or **MCCHS**.

Please check if you are willing to volunteer at the museum in any of the fields below. Help is needed in all areas.

_____ Tours

_____ Refreshments

_____ Schedule programs and events

_____ Writing history articles for the

_____ Making signs for museum items

Missouri Bicentennial

_____ Other - please list _____

Thanks so much for joining. Your support is appreciated.

Please return to:

Macon County Historical Society
P.O. Box 304
Macon, MO 63552