AFTON HISTORICAL SOCIETY MEMBERSHIP FORM

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Mail to: Afton Historical Society, P.O. Box 178, Afton, MN 55001 Name(s): _____ Address: City/State/Zip: Email address: _____ Daytime phone: ______
This membership is: _____New ____Renewing _____Gift membership* Please select a membership category: ____\$10 Senior Individual (age 65+)/Student ____\$15 Individual (benefits for one adult) ____\$25 Family ____\$50 Associate ____\$75 Supporting ____ \$100+ Patron **Payment** Enclosed is my check for \$_____ payable to the Afton Historical Society Please check any of the following: ____Please send information about volunteer opportunities ___Please withhold my/our name from mailing list exchanges* *Our policy is not to provide any mailing list information. **Benefits:** Newsletter and Event mailing, 10% discount on items for sale, Free research. Membership dues may qualify for a matching gift from your employer. Please contact your company for more information. Questions? Call 651-436-3500. *To give a gift of membership, please also complete the information below: Gift recipient's name(s) ______
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