



MEMBERSHIP APPLICATION

Name/s _____

As you would like it to appear on the membership list.

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

Email _____

MEMBERSHIP LEVEL

- ☐ Individual \$25
- ☐ Family \$40
- ☐ Sustaining \$50
- ☐ Business \$50
- ☐ Patron \$100
- ☐ Lifetime \$500

PAYMENT

Please mail form with check to:

The Western Springs Historical Society

P.O. Box 139

Western Springs, IL 60558

The Western Springs Historical Society is a 501(c)3 nonprofit organization.

Your donation is fully tax-deductible to the extent allowed by law.

If you are interested in Volunteering, check here ☐

If you are interested in becoming a Docent, check here ☐

THANK YOU FOR YOUR SUPPORT!