



## 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

- |                                   |       |
|-----------------------------------|-------|
| <input type="checkbox"/> Senior   | \$25  |
| <input type="checkbox"/> Friend   | \$45  |
| <input type="checkbox"/> Family   | \$60  |
| <input type="checkbox"/> Business | \$75  |
| <input type="checkbox"/> Patron   | \$120 |
| <input type="checkbox"/> Lifetime | \$750 |

### 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!**