

Centralia Museum Membership Form

I/we would like become a member of the Centralia Area Historical Society.

Name(s): _____

Address: _____

City: _____

State: _____

Zip Code: _____

I wish to join in the following membership category. Circle the category of your choice.

- Individual - \$25
- Family - \$35
- Sponsor - \$50
- Business/Organization - \$100

Please make your check to ***Centralia Area Historical Society***. Please do not send cash and mail your form to the address below. Thanks, we hope you enjoy your membership. We're glad to have you.

Centralia Area Historical Society

PO Box 1343

Centralia, IL 62801