

# 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**