

Kingdom of Callaway Historical Society

MEMBERSHIP APPLICATION

(12-month membership from month of origin)

Thank you for supporting the Kingdom of Callaway Historical Society (KCHS) and allowing the Society, Museum, and Research Center to continue the mission of collecting, preserving and sharing the history of Callaway County with all generations. We value your membership.

Name(s)		
Address		
City, State, ZIP		
Home Phone	Cell phone	
Email #1		_ Date of application
Email #2		_ (Two emails allowed per household so each receives e-notices)
Newsletter delivery preference:	US Postal Service	🗆 Email

Value Statement

As a member of KCHS, you add value to the Kingdom of Callaway Historical Society. We represent more than 30 Callaway County communities. We benefit from knowing your history with Callaway and you benefit from our more than 60 years of collecting, preserving and sharing the history of Callaway County. You will be joining nearly 400 KCHS members, volunteers and dedicated KCHS board members that commit themselves to delivering KCHS's mission. KCHS is recognized as a community leader, a loyal member of the Chamber of Commerce, an active participant in the Fulton Brick District, and a member of the State Historical Society of Missouri.

I am/We are pleased to join the Kingdom of Callaway Historical Society (KCHS) at the following level:

Level	<u>Cost</u>	MEMBERSHIP BENEFITS
Individual/Family	\$25	 Advance notice for all KCHS events and programs. Newsletter listing: new members listed in the first newsletter after joining; Silver, Gold, and Platinum Level members listed in each newsletter. Discounts on most items in the KCHS Museum Gift Shop. Dues are tax deductible to the extent provided by law and contribute to the financial health of KCHS.
Pioneer	\$50	
Heritage	\$75	
CALLAWEGIAN SOCIETY		ADDITIONAL BENEFITS
Silver Level	\$100	\$20 voucher for research/genealogy services
Gold Level	\$250	\$50 voucher for research/genealogy services
Platinum Level	\$500	\$100 voucher for research/genealogy services

THANK YOU FOR SUPPORTING KCHS

Membership Renewal

New Member

Please return this completed form and payment to the address above.

For Office Use Only		
Date of Initiation		
Payment		
Processed by		

Effective Date, January 1, 2024 (Z/Forms/MembershipApplication)