

Walkerton Area Historical Society Membership Application

To join or renew, return the form with your payment to:

Anna Anderson
8840 N. 1050E
Walkerton, IN 46574

For office use

Date Received: _____

Receipt ☐ Membership Card ☐

Dues are for a calendar year – January 1 to December 31

☐ New Member ☐ Renewal ☐ Donation Only

Dues are for a household (\$20 annually)

For the year(s): 20_____

Amount Enclosed: \$ _____

Dues: \$ _____ Donation \$ _____

Make check payable to: Town of Walkerton / WAHS

Name: _____

Maiden Name: _____

Mailing Address: _____

Phone / Email: _____