

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)

Amount Enclosed: \$

For the year(s): 20

Dues: \$ _____ Donation \$ _____
Make check payable to: Town of Walkerton / WAHS

Name: _____

Maiden Name:

Mailing Address:

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Phone / Email: