

MEMBERSHIP
DASSEL AREA
HISTORICAL SOCIETY

Name(s) or Business Name:

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

E-mail: _____

ANNUAL DUES
BY CLASS OF MEMBERSHIP

Amount

\$____ Friend\$15-\$49

\$____ Supporter\$50-\$99

\$____ Booster\$100-\$249

\$____ Sustainer \$250-\$499

\$____ Benefactor \$500-\$999

\$____ Guarantor\$1,000 & up

Please attach your check, payable to DAHS,
and send it to the following address:

Dassel Area Historical Society
PO Box D
Dassel, MN 55325

Date: _____

____ I would like a receipt for my donation

____ My check will serve as my receipt