



St. Michael Historical Society
Collecting, Preserving and Sharing the History of St. Michael
MEMBERSHIP APPLICATION / RENEWAL FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (optional), Home: _____ - _____ - _____

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I prefer to receive my newsletter by Email (optional)

Email address: _____

New Member _____ Renewal _____ (Check one)

\$ _____ I have also enclosed an additional tax deductible contribution of \$ _____
for the SMHS General Operating Endowment Fund.

Please make checks payable to: St. Michael Historical Society
11800 Town Center Drive
St. Michael, MN 55376

For Office Use Only:

Date on check: ____ / ____ / ____

Check number (if applicable) _____

Membership Chair initials: _____

*Contributions to the St. Michael Historical Society are tax deductible
In accordance with IRS tax codes.*

Visit us at: www.saintmichaelhistory.org

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