

# ANNUAL MEMBERSHIP INFORMATION

INDIVIDUAL LEVEL-	_____	\$35
FAMILY LEVEL-	_____	\$50
TUTTY LEVEL-	_____	\$75
ADDAMS LEVEL-	_____	\$100
KRAPE LEVEL-	_____	\$150
LINCOLN LEVEL-	_____	\$250
TAYLOR LEVEL-	_____	\$500
NEWSLETTER ONLY-	_____	\$10

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I LIVE AT A DIFFERENT ADDRESS IN THE WINTER

ADDRESS \_\_\_\_\_

DATES \_\_\_\_\_

Total Membership Enclosed \$ \_\_\_\_\_

Additional Donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

## CHECK THE FOLLOWING THAT APPLY:

New Member       Renewing Member

I am interested in volunteering at the museum.

Please do NOT publish my name in the in the museum newsletter.

Return this form, along with your check (made out to SCHS) to:  
SCHS 1440 S Carroll Ave, Freeport, IL 61032

**YOU CAN NOW PAY FOR YOUR MEMBERSHIP ONLINE AT  
[WWW.STEPHCOHS.ORG-membership](http://WWW.STEPHCOHS.ORG-membership) page**

**THANKS FOR SUPPORTING THE SCHS!**