Kassel Mission Historical Society, Inc. 101 Goldfinch Court #1 Mankato, MN 56001

Annual Membership Application

Please check	all that apply:		
() New Mer	nber		
() Please ren	new my membership in KHMS fo	r the calendar y	ear 2013.
	ke to give a KMHS Gift Member ional Gift Memberships may be added o		
	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
() Update ye	our information (If necessary)		
	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
KMHS Mem	bership Dues. (Tax Deductible)	Couples count	as one.
()	U.S. Residents () x	\$25.00	Total \$
()	Outside U.S. () x	\$35.00	
()	Additional Donation toward KM	IHS Projects	\$

() I would like to v	volunteer my services to KMHS by doing the following:
() Help wr () Help wit () Donate i () I have ai	ganize a trip event. ite articles. th data base or computer projects, and/or the website. materials for the new Kassel Mission Reports. rchive materials (documents, pictures, uniforms, medals, etc.) to to KHMS.
() Other: _	

Please return completed Membership Form with your personal check made out to KMHS to:

Duane Giesler Kassel Mission Historical Society 101 Goldfinch Court #1 Mankato, MN 56001