

Appelo Archives Center  
**Membership & Renewal Form**

Please share the membership opportunity!

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please check the appropriate choice below:**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Individual \$20           | <input type="checkbox"/> Family \$30  |
| <input type="checkbox"/> Senior \$15               | <input type="checkbox"/> Student \$10 |
| <input type="checkbox"/> Supporting Business \$100 |                                       |
| <input type="checkbox"/> Military <b>Free</b>      |                                       |

**YES!** I would like to stay up to date, please send your  
quarterly newsletter to the address above!