

Minnesota Historic Northwest
Annual Membership Form

YR _____

PLEASE PRINT CLEARLY:

GROUP OR MUSEUM NAME:		
RENEWALS: IF CONTACT INFO ON FILE IS CURRENT, SKIP TO SECTION 2		
SECTION 1: NEW MEMBERSHIPS COMPLETE BOTH SECTIONS 1 & 2		
PHYSICAL ADDRESS:		
MAILING ADDRESS (IF DIFFERENT)		
BUSINESS EMAIL ADDRESS: _____		
BUSINESS PHONE NUMBER: (_____) _____ - _____		
SECTION 2: CONTACTS		
PRIMARY CONTACT'S NAME: _____		
EMAIL: _____		
PHONE: _____		
ADD ANY OTHER NAMES AND THEIR EMAIL TO NOTIFY FOR MEETINGS AND WORKSHOPS		

HOURS: _____		
() YEAR ROUND () SEASONAL: FROM: _____ TO: _____		
<small>(CHECK ONE)</small>		
FEE: \$15 ORGANIZATIONS WITH NO PAID STAFF OR \$25 ORGANIZATIONS WITH PAID STAFF	TOTAL INCLUDED	

MAIL FORM WITH CHECK TO: BRITT DAHL, TREASURER
MN HISTORIC NORTHWEST
121 CENTER ST E SUITE 101
ROSEAU, MN 56751

EMAIL QUESTIONS: rchsroseau@mncable.net