

Membership Application

| Name: | | | | |
|--------------|------------|------|------|--|
| Phone: | | | | |
| Email (if ap | plicable): | | | |
| Address: | | | | |
| | | | | |
| | | | | |
| Membersh | nip Type: | | | |
| □ Child | \$2/yr | | | |
| □ Adult | \$20/yr | | | |
| □ Life | \$200 | | | |
| □ Compan | y \$500 | | | |

Please mail form with check or cash payment to: Clinton County Historical Society & Museum Old Stoney Second Floor 301 E. Clinton Street Frankfort, IN 46041