

**Mennonite Historical Society of Saskatchewan
Membership Application Form**

Name: _____ Address: _____

City/Town: _____ Prov. _____ Postal Code: _____

Telephone: () _____ Email address: _____

Membership fee (choose one):

One Year ___ \$35.00;

Two Years ___ \$65.00;

Three Years ___ \$90.00

Optional: I am making an additional donation of \$ _____ to help further the work of MHSS.

My total gift and membership of \$ _____ is enclosed. (Donations are tax deductible).

My special interest is: _____

Please printout this form, fill in the information, and return with payment to:

Mennonite Historical Society of Saskatchewan

[Membership]

Room 900 - 110 LaRonge Road

Saskatoon, SK.

S7K 7H8