

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Membership: Single \_\_\_\_\_ \$25.00 [one vote, one year subscription to SMH]  
Couple \_\_\_\_\_ \$40.00 [two votes, one year subscription to SMH]

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  
Room 900 - 110 LaRonge Road  
Saskatoon, SK.  
S7K 7H8**