

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

Name: _____ Address: _____

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

Telephone: () _____ Email address: _____

Membership: One Year ___ \$30.00; Two Years ___ \$55.00; Three Years ___ \$75.00

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**