

BCHS MEMBERSHIP APPLICATION

Name _____

Address _____

Phone (_____) _____

Email _____

My check is enclosed Please debit my credit card

Acct No: _____

Expiration date _____

Authorized signature _____

DONATIONS ARE TAX-DEDUCTIBLE.

New benefit: Time Travelers, Free Admission to Historic Sites!
As a member of BCBS, receive free admission to 178 historic sites across the U.S. (26 of them in Minnesota!). To see which historic sites are available to you, go to mohistory.org and click "Time Travelers".

YES, I would like to support my Beltrami County Historical Society annually at the following level (please check one):

- | | | |
|--------------------------|---------------------|-------------|
| <input type="checkbox"/> | Individual | \$ 25.00 |
| <input type="checkbox"/> | Family | \$ 45.00 |
| <input type="checkbox"/> | Sponsor | \$ 75.00 |
| <input type="checkbox"/> | Benefactor | \$ 100.00 |
| <input type="checkbox"/> | Patron | \$ 200.00 |
| <input type="checkbox"/> | Supporter | \$ 500.00 |
| <input type="checkbox"/> | Sustaining | \$ 1,000.00 |
| <input type="checkbox"/> | Stationmaster | \$ 1,500.00 |

_____ ***If each member would donate an extra \$20 at this time, the annual deficit of \$10,000 would not exist.***



Make checks to: BCBS
and mail to:
130 Minnesota Avenue SW
Bemidji, MN 56601