

Kassel Mission Historical Society Annual Membership Application

Please check all that apply:

- ☐ New membership.
- ☐ Please renew my membership in KHMS for the calendar year 20____.
- ☐ I have already paid my calendar year 20____ dues.
- ☐ I would like to give a KMHS Gift Membership to the following person(s).
Additional Gift Memberships may be added on a separate sheet of paper.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Update my contact info (only if your information has changed in the past 2 years):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

KMHS Dues. *KMHS is a nonprofit 501 (c) 3 organization. Dues count for the calendar year. Nonprofit 501 (c) EID # 30-0280602*

Couples count as one.

☐ U.S. Residents ☐ x \$25.00 Total \$_____

☐ Outside U.S. ☐ x \$35.00 Total \$_____

☐ **Additional donation toward KMHS Projects** \$_____

You may pay with Paypal at www.kasselmission.org under “Get Involved” or mail a check made out to “KMHS” along with a printout of this completed form to:

Linda Gibson, Treasurer
Kassel Mission Historical Society
PO Box 561
Somerset, VA 22972