



Membership Application

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Select one **→**

- ◇ New Member
- ◇ Existing Member

Membership Level - Select one

- ◇ Student \$10.00
- ◇ Educator \$20.00
- ◇ Individual \$30.00
- ◇ Family \$50.00
- ◇ Business \$100.00
- ◇ Graves/Hale Society \$200.00
- ◇ Dr. Pleasant Lea Society \$500.00
- ◇ William B. Howard Society \$1,000.00
- ◇ Museum Patron (\$1,000.00/year for 5 years) \$5,000.00
- ◇ Legacy Society Estate Gifts

Please print and complete application. Select the membership level desired. Mail completed application along with check made out to Lee's Summit Historical Society to PO Box 835, Lee's Summit, MO 64063