



Membership Application

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Select one →

- ◇ New Member
- ◇ Existing Member

Membership Level - Select one

- ◇ Student/Educator \$30.00
- ◇ Individual \$40.00
- ◇ Family \$60.00
- ◇ Small Business \$120.00
- ◇ Graves/Hale \$200.00
- ◇ Corporate \$250.00
- ◇ Dr. Pleasant Lea \$500.00
- ◇ William B. Howard \$1,000.00
- ◇ Museum Patron (\$1,000.00/year for 5 years) \$5,000.00
- ◇ Legacy Estate Gifts
- ◇ Additional Donation _____

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