

## Beltrami County Historical Society Individual & Household Membership Application

I am:  joining  renewing

Primary Contact Information:

First and Last Name:					
Mailing Street Address:					
City:		State:		ZIP:	
Phone:		Text messages? Yes/No			
E-mail Address:					

- I would like to **go digital** to help the Historical Society save on printing & postage costs.  
 I am interested in youth (K-12) programming and events.

Additional Contact Information for **Household** Accounts:

First and Last Name:	Email Address:	Phone:

- I would like to **go digital** to help the Historical Society save on printing & postage costs.  
 I am interested in youth (K-12) programming and events.  
 I/we would like information about volunteering.

Select Your Membership Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Tier 1 Individual (\$25)               | <input type="checkbox"/> Lifetime under 65 (\$750)  |
| <input type="checkbox"/> Tier 1 Household (\$45)                | <input type="checkbox"/> Lifetime over 65 (\$750)   |
| <input type="checkbox"/> Tier 2 Individual or Household (\$80)  | <input type="checkbox"/> Please check if veteran, active military, or tribal member (ID required) |
| <input type="checkbox"/> Tier 3 Individual or Household (\$150) |   |

Please add a one-time donation of \$ \_\_\_\_\_ to support the Historical Society's operations. **THANK YOU!**

To facilitate an in-kind gift, a gift of securities or a deferred/estate gift, please contact us: depot@beltramihistory.org, or 218-444-3376.

**TOTAL:** \_\_\_\_\_  Cash  Check  Credit/Debit

**CREDIT CARD PAYMENTS:** Please complete authorization form on the next page.

Please make **CHECKS** out to: Beltrami County Historical Society

Mailing address: PO Box 1039  
Bemidji, MN 56619

*Beltrami County Historical Society is a 501(c)(3) nonprofit organization. All gifts are tax-deductible to the extent allowable by law. Thank you for your support!*

**Beltrami County Historical Society  
Individual & Household Membership Application  
Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX  <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date