

Beltrami County Historical Society Business Membership Application

Primary Contact Information:

Business Name:					
Mailing Street Address:					
City:					
Phone:		State:		ZIP:	
Business Website:					
Primary Contact Name:					
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.

Select Your Membership Type:

- Tier 1 (\$150) Non-Profit & Small Group (\$25)
- Tier 2 (\$300)
- Tier 3 (\$500)
-
- We match employee contributions.
- Please contact me about in-kind gifts to the Historical Society.
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- Please add a one-time donation of \$ _____ to support the Historical Society's operations. **THANK YOU!**

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 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