



## Membership Application/\$15 Annual Dues

### Contact Information

Name			
Street Address			
City ST ZIP Code			
Home Phone/Work Phone			
Military Service	Branch	The Years you Served	Active Duty
E-Mail Address			

Would you like to be a Volunteer?                      YES \_\_\_\_\_                      NO \_\_\_\_\_

During which hours are you available for volunteer assignments?

- |                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

### Interests

Tell us in which areas you are interested in volunteering

- |                                         |                                                |
|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Deliveries            |
| <input type="checkbox"/> Events         | <input type="checkbox"/> Phone bank            |
| <input type="checkbox"/> Field work     | <input type="checkbox"/> Newsletter production |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Museum                |

MEMBER SIGNATURE	DATE
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Mail Application/Check To: Perry County Military History Museum  
P O Box 551  
Perryville, MO 63775-0551