



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

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