

**Rock Island County Historical Society
Membership Application**

Date: _____

Title: _____

First Name(s): _____

Last Name: _____

Address _____

Address or Apt # _____

City: _____ State: _____ Zip Code _____

Phone _____

Membership Classes

Choose one below

Membership Year:

January 1-December 31

- | | |
|-----------------------------------------------|-------------------|
| <input type="checkbox"/> President's Circle | \$500.00 & up |
| <input type="checkbox"/> Patron | \$100.00-\$499.00 |
| <input type="checkbox"/> Contributing | \$50.00-\$99.00 |
| <input type="checkbox"/> Household/Individual | \$25.00-\$49.00 |
| <input type="checkbox"/> Corporation | \$50.00 up |

Amount Enclosed _____

Mail to:

Rock Island County Historical Society
Attn: Membership Chairman
822 11th Avenue
Moline, IL 61265