



Historical Association of Greater Cape Girardeau, Inc Membership Application/Renewal

Name _____
Address _____
City _____ State _____ Zip _____
eMail _____
Telephone _____

Please select a level of Membership:

_____ \$ 5.00 Student
_____ \$15.00 Individual
_____ \$25.00 Family
_____ \$50.00 Sponsor
_____ \$100.00 Corporate
_____ \$1,000.00 Lifetime

Please make your check payable to:

Historical Association of Greater Cape Girardeau, Inc.
Mail to: The Glenn House, PO Box 1982, Cape Girardeau, MO 63702

Please indicate any committees on which you are willing to serve. The committee chair will contact you.

_____ Membership	_____ Public Relations
_____ Fundraising	_____ Building Maintenance
_____ Serving as Docent (tour host/hostess)	_____ Grounds Maintenance
_____ Holiday Decorating	_____ Special Projects