

Shell Rock Community Historical Society

127 E. Adair St., P. O. Box 94, Shell Rock, Iowa 50670-0057

I wish to join the Historical Society. My membership will be :

single \$ 15.00 _____ or family \$ 25.00 _____

Name: _____ Phone _____

Mail Address _____ e-mail _____

City _____ State _____ Zip _____

On _____, Membership dues were paid in the amount of _____ for the calendar year 20____.

Signed _____ Club Officer _____

Form 2026A

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MEMBERSHIP AGREEMENT

a) Members receive notifications of meetings, programs or gatherings via newspaper or newsletter.

b) Each membership will only be entitled to one vote at meetings.

c) I may be asked to become involved in a committee or to do volunteer work for the museum and participation is up to my discretion.

d) The Historical Society's fiscal year mirrors the calendar year. Dues will need to be renewed in January of each year..

e) A Family Membership will will consist of up to two adults and minor children residing at the same residence.

**Shell Rock Community
Historical Society**

Name

Date