



MEMBERSHIP APPLICATION

Office use Only
Amount Paid- _____
Cash / check # _____
Date Paid- _____
Member # _____
Member # _____
Treasurer Initial's _____

Laconia Indian Historical Association, Inc.

I, the undersigned after reading the following objective for which this organization was established:

To promise the education of and to ensure a source of information for the general public regarding the culture of the Native American, by preserving their languages, music, arts and crafts. Do hereby make application for membership to the Laconia Indian Historical Association, Inc

Signature indicates that you agree to abide by all rules, regulations and policies of the Organization.

_____ (Signature of First Adult)

_____ (Signature of Second Adult)

A fee of \$ _____ is deposited herewith, which pays my dues for the year 20 ____.

All Memberships expire on December 31st of the year this application is in force.

Membership meets every 3rd Saturday of the month at the Land in Sanbornton, all members welcome.

Please check membership status:

Single Adult.... (18 yrs. & older) **\$30** _____

Family **\$50** _____

A family membership consists of no more than 2 Persons 18 years of age & over and any children under the age of 18. Total cost not to exceed **\$50**

Additional donations accepted

Apply Donation to: _____ \$ _____

Make check payable to:

LIHA, Inc. (ATTN: Membership)
P.O. Box 244 Sanbornton NH 03269

Are you a Veteran of the Armed Services?

Yes _____ No _____ / Name: _____

Are any applicants over 55 (Elder) Yes _____ No _____

65 (senior) Yes _____ No _____ / Name: _____

Do you want to receive your LIHA Newsletter

Through e-mail: Yes _____ or No _____?

E-mail Address

Membership information: (Please Print)

_____ - _____ - _____
First Applicant: (D of B) (Age)

_____ - _____ - _____
Second Applicant: (D of B) (Age)

_____ - _____ - _____
First Child (D of B) (Age)

_____ - _____ - _____
Second Child: (D of B) (Age)

_____ - _____ - _____
Third Child: (D of B) (Age)

(Permanent Street Address)

(Secondary Street Address)

_____ - _____ - _____
(Town) (State) (Zip Code)

_____ - _____ - _____
(Area Code) Telephone Number

As a member we would appreciate any hours of volunteer service during the year you could offer according to your abilities. Contact me for the following: _____ Functions, _____ Camp Improvements, _____ Powwow's, _____ Learner's Weekend, _____ Committee, _____ Other- _____

Visit us on Facebook @ <https://www.facebook.com/LIHA.Nonprofit/>