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# Membership Form

NAME \_\_\_\_\_

I wish to remain anonymous

(as you wish it to be printed in materials)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

- I prefer to receive my newsletter by email.
  - Single or Family Membership \$50.00 (Membership is an Annual renewal)
  - Student Membership \$10.00 (Membership is an Annual renewal)
  - FFA Chapter Membership \$25.00 (Membership is an Annual renewal)
  - I would like to make a donation to the endowment fund in the amount of \$ \_\_\_\_\_
  - I would like to make a donation to the Annual Operating Fund in the amount of \$ \_\_\_\_\_
- In Memory of \_\_\_\_\_ (optional)

Make checks payable to DeKalb Area Agricultural Heritage Association, Inc. or DAAHA

Mail Membership Form to: DeKalb Area Agricultural Heritage Association, Inc.

2280 Bethany Road DeKalb, IL 60115

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