



Membership Form

NAME _____

(as you wish it to be printed in materials)

Address _____

City, State, Zip _____

Phone _____ 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)

Please 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**

DeKalb, IL 60115

111 .S 2nd Street, Suite 204

DeKalb Area Agricultural Heritage ,.Assoc .Inc