



Membership Form

NAME _____ ☐ I wish to remain anonymous
(as you wish it to be printed in materials)

Address _____

City, State, Zip _____

Phone _____ Email _____

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

Mail Membership Form to: DeKalb Area Agricultural Heritage Association, Inc.
111 South Second Street, Suite 204, DeKalb, IL 60115

☐ Endowment Donation \$ _____ In Memory of _____

Membership Levels:

☐ Single or Family Membership \$50.00 (Annual renewal each January)

☐ Student Membership \$10.00 (Annual renewal each January)

☐ FFA Chapter Membership \$25.00 (Annual renewal each September)

☐ Lifetime Membership \$1,000.00

Corporate Membership Levels: (All levels are annual with renewal each January)

☐ Non-Profit \$50.00

☐ Contributor \$100.00

☐ Steward \$250.00

☐ Sponsor \$500.00

☐ Benefactor \$1000.00

☐ Partner \$5000.00