Application for Membership in the Munster JUNIOR Historical Society



(PRINT Clearly)	Date	DOB
Name:		
Name:	Last	
Address:		
Home Phone:	(Cell:)	
E-Mail Address:		
School:	Gra	ade in Fall, 2014 Grades:
Why do you want to join the	If yes, in what the Munster JUNIOR Hi	Storical Society?
Make checks payable to M Elementary School, Attn: I	unster Jr. Historical Soci	
I give permission for my ch JUNIOR Historical Society child's transportation to an	y. I waive liability claims	, to join the Munst s, and I will be responsible for my ents.
Parent Names (print)	Iother	Father
Parent Signature:		+++++++++++++++++++++++++++++++++++++++
Application Completed	(Do NOT write L	below.)
☐ Application Completed		<i>"</i>
□ \$10 Yearly Dues Inclu	ıded:Check #	£Cash