

**MEMBERSHIP APPLICATION**  
MARISSA HISTORICAL AND GENEALOGICAL SOCIETY  
P.O. Box 245  
Marissa, IL 62257-0245  
U.S.A.

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

MR. \_\_\_\_\_; MRS. \_\_\_\_\_; MR. & MRS. \_\_\_\_\_; SPECIFY  
TITLE \_\_\_\_\_

ADDRES: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

RESEARCHING: \_\_\_\_\_

Type of Membership

\_\_\_\_\_ Individual and Family - \$25.00 (One Quarterly)

\_\_\_\_\_ Student - \$10.00 With Quarterly

\_\_\_\_\_ Patron Member - \$35.00 (1st Time Member)

*Special Tax Deductible Equipment Fund Donation: \$* \_\_\_\_\_

*If you desire a Membership Card, please send an SASE with your Dues  
along with this Application Form.*

Please make checks payable to:  
**Marissa Historical and Genealogical Society**