

**MEMBERSHIP  
DASSEL AREA  
HISTORICAL SOCIETY**

Name(s) or Business Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

**ANNUAL DUES  
BY CLASS OF MEMBERSHIP**

**Amount**

\$ \_\_\_\_\_ Friend..... \$15-\$49

\$ \_\_\_\_\_ Supporter..... \$50-\$99

\$ \_\_\_\_\_ Booster.....\$100-\$249

\$ \_\_\_\_\_ Sustainer.....\$250-\$499

\$ \_\_\_\_\_ Benefactor..... \$500-\$999

\$ \_\_\_\_\_ Guarantor..... \$1,000 & up

Please attach your check, payable to DAHS  
and send it to the following address:

Dassel Area Historical Society  
PO Box D  
Dassel, MN 55325

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

\_\_\_\_\_ I would like a receipt for my donation

\_\_\_\_\_ My check will serve as my receipt