



MEMBERSHIP FORM

INDIVIDUAL \$10

HOUSEHOLD \$25

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE (optional): _____

I am interested in volunteering!

Volunteer interests (check all that apply):

Communications and marketing

Event planning

Fundraising

Greeting guests

Physical work (building maintenance, arranging exhibits, etc.)

Research and writing

Other: _____

As a member of the Renville Museum, you will receive a quarterly e-newsletter as well as occasional updates about events and volunteer opportunities. Your membership is good for one year. We will send you a renewal notice when your membership has expired. Thank you for your support!

**Fill out and return this form to:
Renville Museum, PO Box 681, Renville MN 56284**

Processed by: _____

Date Received: _____