Application for Membership For Year ____

Name		
Street		
City	State	Zip
Phone	Fax	
Email		
Please complete all inf	ormation above.	
Membersh	ip Year is January 1 to Decemb	per 31, 2018
	Dues:	
	Individual \$20.00 per year	
Fam	ily or Businesses \$25.00 per	year
	as possible in order to help us es appreciate your support. Thank	
How would you like to preference.	receive your newsletter? Rate	e 1 st , 2 nd , and 3 rd
	Via email	
	Via reading on website	
	Via USPS mail	

Return to:

Burlingame Historical Preservation Society (BHPS) P. O. Box 74 117 S. Dacotah Burlingame, KS 66413