

FAIRMOUNT HISTORICAL MUSEUM
Membership Application

Please print this application. Fill it out completely, circling the level of membership you wish to purchase. Please make the dues payable to Fairmount Historical Museum. After completing, mail it, along with payment, to Fairmount Historical Museum, P.O. Box 92, Fairmount, IN 46928. Please include your return address. A membership card will be mailed to you along with future newsletters.

Name: _____	1 Year - \$6.00
Address: _____	6 Years - \$30.00
City: _____	10 Years - \$50.00
State: _____ Zip Code: _____	Life - \$100.00