

DCHS Membership Form

Date: _____

New Member ___ Renewal ___

Amount Paid _____ (\$20.00 per membership) Cash ___ Check ___ Check # _____

Mail-in-Membership

DeKalb County Historical Society
116 W. Main
Maysville, MO 64469

Name of Member _____

Address _____

City, St. Zip _____

Email _____

Do you want the newsletter to be
delivered by post office ___ or email ___?