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MEMBERSHIP FORM

Print this form and mail to: JHSUM/Eloise and Elliot Kaplan Family Jewish History Center
Barry Family Campus • 4330 S. Cedar Lake Road • Minneapolis, MN 55416 • Tel: (952) 381-3360

Family/Individual Name _____

Address: _____

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Check here if you would like to receive periodic updates by email.

Annual Membership Categories (September 1 through August 31)

\$100 Benefactor \$50 Sponsor \$35 Family \$25 Individual \$15 Student

Life Membership Category

\$1000 Life Membership (one-time payment or installment plan)

Please check your areas of interest and circle the areas in which you would like to volunteer:

Genealogy Jewish Historical Research Archival Materials Exhibits

Educational Programs Social Programs Other (please specify)

Tributes

I am also enclosing an additional contribution of \$ _____ in honor of/memory of

Send contribution acknowledgement to:

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Make your gift go further. Please check with your employer to see whether your gift qualifies for a matching contribution to the Society.

Method of Payment (choose one):

Please charge \$ _____ to my Visa/MC # _____

Exp. date _____ Signature _____

Enclosed is my check in the amount of \$ _____. (Make checks payable to Jewish Historical Society.)