MEMBERSHIP FORM

Name(s): ___________________________________________________________   Date: __________________
Address: _____________________________________________________________________
City / State / Zip: ______________________________________________________________
Phone: __________________________   Email: (optional) ____________________________________________

☐ Please send me information about volunteering at BIHS.

☐ Renewal   ☐ New Membership

☐ Individual (ages 18-62)     $ 10.00     Family Membership Names:
☐ Family     $ 15.00
☐ Senior (63 and older)     $ 6.00
☐ Business/Institutional     $ 25.00

☐ I wish to make a tax-deductible contribution to
the museum operating fund in the amount of $_____
TOTAL: $ ______

Membership Benefits:
• Be the first to know about BIHS events, including history talks, tours, and holiday teas!
• Newsletters sent to you several times a year.
• Preserve the historic Albee House and BIHS archives.
• Support Blue Island’s rich history – Get involved in your community.

What interests you about Blue Island’s history?
__________________________________________________________________________________________
__________________________________________________________________________________________

The Blue Island Historical Society is open to all. Membership dues are annual in the calendar year.
The Blue Island Historical Society, Inc. is a 501(C)(3) organization. Contributions are tax-deductible.
Checks can be made payable to Blue Island Historical Society. Please return this form and payment to:

Blue Island Historical Society
13018 Maple Avenue
Blue Island, IL 60406

Thank you for supporting the Blue Island Historical Society!!
Contact BIHS at 708-371-8546 or Events@BlueIslandHistoricalSociety.com

Membership Committee use:
Date Rec’d: ________________  Mailing list update: _____ / _________
Amount: $ ________________  Data base entry: _____ / _________
Cash / Check #: ____________  Membership card: _____ / _________