

Membership Application

Name _____

Address _____

City _____

State _____

Phone _____

E-mail Address _____

Membership Level

Student

\$10

Educator

\$20

Individual

\$30

Family

\$50

Business

\$100

Graves/Hale Society \$200

Dr. Pleasant Lea Society \$500

William B. Howard Society \$1,000

Museum Patron (\$1000 for 5 years) \$5,000



Legacy Society: Estate Gifts

Please print and return application and check to:

Lee's Summit Historical Society

1923 SE 3rd Street

Lee's Summit, MO 64063