

MEMBERSHIP APPLICATION

I/We have read and agree to support the objectives and purpose of the
Northeastern Colorado Heritage League.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

MEMBERSHIP FEES: (Please enclose with application)

TYPE of MEMBERSHIP	FEE	TOTAL
Individual	\$20.00	
Family	\$25.00	
Youth (age 12-18)	\$15.00	
Institution (School, library, etc.)	\$35.00	
Corporate/Business	\$50.00	
DONATION		
	TOTAL	\$

This form may be given to an NCHL Board Member or mailed to:

Northeastern Colorado Heritage League
P.O. Box 337241
Greeley, CO 80633