

Organizational Member Renewal Form

Please provide the name of the person responsible for communicating with our organization

Primary Contact First and Last Name:

Primary Contact Job Title: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Please provide an additional contact in the event the primary contact becomes unavailable

Please Provide Secondary Contact Information:

Secondary Contact Member First and Last Name: _____

Secondary Contact Job Title: _____

Secondary Contact Phone: _____

Secondary Contact Email: _____

Payment (circle one):

CASH

CHECK

CREDIT CARD

CC#: _____

CVV: _____ Exp _____ Zip _____

Membership amount: \$ _____

TOTAL PAYMENT AMOUNT: \$_____

Mail this form along with payment:

McHenry County Historical Society

6422 Main Street

P.O. Box 434

Union, IL 60180