

**MEMBERSHIP APPLICATION**

Laconia Indian Historical Association, Inc.

I, the undersigned after reading the following objective for

Which this organization was established:

*To promise the education of and to ensure a source of information for the general public  
Regarding the culture of the Native American, by preserving their languages, music, arts and crafts.*

**Do hereby make application for membership to the Laconia Indian  
Historical Association, Inc. Signature indicates that you agree to abide by all  
rules and regulations of the Organization.**

\_\_\_\_\_  
(Signature of First Adult)

\_\_\_\_\_  
(Signature of Second Adult)

A fee of \$ \_\_\_\_\_ is deposited herewith, which pays my dues for the year 2015. All

Memberships expire on December 31<sup>st</sup> of the year this application is in force.

Membership meets every 3<sup>rd</sup> Saturday of the month at the Dulac Land Trust Library, Sanbornton.

Please check membership status:

Single Adult....(Over 18 yrs.) \$25.00 \_\_\_\_\_

Family..... \$40.00 \_\_\_\_\_

A family membership consists of no more than 2

Persons over the age of 18 and any children under the age of

18. Total cost not to exceed \$40.00

Additional Funding: (You may Gift

Scholarship Fund..... \$ \_\_\_\_\_

Arbor Upkeep..... \$ \_\_\_\_\_

Book Fund..... \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Make check payable to:

LIHA, Inc. (ATTN: Membership)

P. O. Box 224

Tilton, NH 03276

Are you a Veteran of the Armed Services?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to receive your LIHA Newsletter

Through e-mail: Yes \_\_\_\_\_ or No \_\_\_\_\_

\_\_\_\_\_  
E-mail Address

As a member we would appreciate it if you would give 12 hours of service during the year, according to your abilities: Functions  
\_\_\_\_, Camp Improvements \_\_\_\_\_, Powwow's \_\_\_\_\_, Learner's Weekend \_\_\_\_\_, Other \_\_\_\_\_.

Membership information: (Please Print)

First Applicant:

\_\_\_\_\_  
Second Applicant:

\_\_\_\_\_  
First Child:

\_\_\_\_\_  
Second Child: (D of B) (Age)

\_\_\_\_\_  
(D of B) (Age)

\_\_\_\_\_  
(Permanent Street Address)

\_\_\_\_\_  
(Secondary Street Address)

\_\_\_\_\_  
(Town) (State) (Zip Code)

( ) \_\_\_\_\_

(Zip Code) Telephone Number

Are any applicants over 55 (Elder) Yes \_\_\_\_\_ or No  
\_\_\_\_\_, 65 (Senior) Yes \_\_\_\_\_ or No \_\_\_\_\_ years old?