



# Illinois Central Historical Society



## *ICHS Membership Form*

*PLEASE PRINT*

*NAME:* \_\_\_\_\_

*ADDRESS:* \_\_\_\_\_

*CITY:* \_\_\_\_\_

*STATE:* \_\_\_\_\_ *ZIP:* \_\_\_\_\_

*Please Check One:*

*REGULAR-\$35.00* \_\_\_\_\_ *SUSTAINING-\$45.00* \_\_\_\_\_

*Mail To: ICHS Membership Services  
P.O. Box 288  
Paxton, IL, 60957*