

# Volunteer Form

www.crowwinghistory.org

320 Laurel Street, Brainerd MN 56401

218.829.3268

## PERSONAL INFORMATION

Full Name

Birthdate

Phone

Address

City, State, Zip

Email

Emergency Contact

Emergency Phone

## AREAS OF INTEREST

- |  |   |
|--|---|
| <input type="checkbox"/> Greeter/Front desk    | <input type="checkbox"/> Light cleaning |
| <input type="checkbox"/> Research              | <input type="checkbox"/> Education      |
| <input type="checkbox"/> Crow Wing County Fair | <input type="checkbox"/> Tour Guide     |
| <input type="checkbox"/> Photography           | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Data entry            |   |

Your time is valuable and any time you can give to Society is appreciated. Please tell us how many hours a week or month you would like to volunteer?

Which days are best for you?

- |                                  |                                    |                                   |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday  |                                   |

Mail completed form or visit [crowwinghistory.org/volunteer](http://crowwinghistory.org/volunteer)

# Membership Form

[www.crowwinghistory.org](http://www.crowwinghistory.org)

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## What membership does for you:

- Free Museum Admission
  - 10% Discount in our gift shop
  - Research Discount
  - Free Subscription to our newsletter
  - Time Travelers Network
- Membership see [timetravelers.com](http://timetravelers.com)

## What membership does for us:

- Provides materials for proper collections care
- Maintains staff
- Free fieldtrips for students and community groups
- New exhibits
- Make high-quality cultural activities locally accessible

## ANNUAL MEMBERSHIP LEVELS

- \$20 - Individual
- \$40 - Family
- \$100 - Booster
- \$250 - Benefactor
- \$500 - Patron

## PERSONAL INFORMATION

Date

Full Name

Business Name

Address

City, State, Zip

Email

Payment Type

Cash

Check

Charge

Newsletter Preference

Mail

Email

Mail completed form or visit [crowwinghistory.org/membership](http://crowwinghistory.org/membership)