

LOCATED IN HERITAGE CENTER, 20110 HOLYOKE AVENUE PHONE:  
952-985-4680 [WWW.MNLAHS.ORG](http://WWW.MNLAHS.ORG)

November 2019

Dear Lakeville Area Historical Society Corporate Sponsor:

We hope by now that all of our supporters have had an opportunity to attend a free program at the Heritage Center, or have stopped by to watch a video or browse through the many displays. Our display areas have been very popular before and after our programs and during other special events at the building. The displays are constantly changing, so if you haven't visited recently, please stop by to see what's "new" at the Historical Society.

The Historical Society can accomplish its many goals only through our members' support. A 2020 LAHS membership application/renewal form is included below. Please check the address label on this envelope to find your membership expiration date in the upper right corner. If there is no date it means we haven't heard from you in a while; please consider returning as a supporting member.

Annual corporate sponsorships are still just \$50.00. In addition to the satisfaction of knowing you are supporting the preservation of our rich local history, your membership includes the bimonthly *Heritage Happenings* newsletter, special announcements and invitations, and an opportunity to vote at the LAHS annual meeting. Memberships make great gifts, as do Historical Society note cards and cookbooks offered for sale at the Heritage Center.

The LAHS depends exclusively on membership dues and the generosity of our supporters. If you are able, please consider making a financial donation beyond your membership.

**Thank you for your continued support of the Lakeville Area Historical Society.**

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**Lakeville Area Historical Society – MEMBERSHIP FORM – 2020**  
**\*\*SUPPORT THE LAHS BY RETURNING THE COMPLETED FORM WITH YOUR DUES\*\***

Send check payable to **"Lakeville Area Historical Society"** to 20195 Holyoke

**Avenue, Lakeville, MN 55044 FOR OFFICE USE ONLY**

\_\_\_\_ New / \_\_\_\_ Renewal **TYPE OF MEMBERSHIP (please check one)**

Date Paid: \_\_\_\_\_ Individual/Family: \$25.00 \_\_\_\_ Corporate: \$50.00

Amount: \_\_\_\_\_

**PLEASE PRINT:** Name(s) of individual or family:

\_\_\_\_\_  
If Corporate, name of business: \_\_\_\_\_ Contact Person:

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(Street and/or PO Box) City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email:

\_\_\_\_\_  
**Questions? Call 952.985.4680**