



LOCATED IN HERITAGE CENTER, 20110 HOLYOKE AVENUE
PHONE: 952-985-4680 WWW.MNLAHS.ORG

November 2021

Dear Lakeville Area Historical Society Corporate Sponsor:

We hope by now that all our supporters have had an opportunity to attend a free program hosted by the Historical Society at the Heritage Center or have stopped by our new home 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 2022 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.

Lakeville Area Historical Society – MEMBERSHIP FORM – 2022

****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
Date Paid: _____
Amount: _____

TYPE OF MEMBERSHIP (please check one)

___ Individual/Family: \$25.00 ___ Corporate: \$50.00

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