



The Living History Society of Minnesota, Inc.
Interpreting Civilian Lifestyles of the Mid-Nineteenth Century

Membership Application 2024-2025

Yearly membership in the Living History Society of Minnesota runs from September 1 through August 31. In order to be eligible to vote in the annual board elections, membership dues for the upcoming year must be paid in full by September 1, 2024. Please make checks payable to: **Living History Society of Minnesota, Inc.** The membership application form and payment can be mailed (please send to: Catherine Cruz Muneton 6137 11th Avenue South Minneapolis, MN 55417). You may also use Zelle for electronic payments, in which case please use Catherine's cell phone number (612-814-9739) to make the appropriate transfer of funds. Questions regarding your application may be directed to the Secretary via email to ajpolzin@gmail.com.

General benefits of membership in the Living History Society of Minnesota, Inc., include a copy of the LHS membership directory and other LHS publications; as well as free use of period clothing from our lending wardrobe, access to our library and archives, and use of Society materials. Individual and Multiple-Vote Household members are also eligible for discounts on workshops, LHS-sponsored events, and the right to vote and hold office in the Society.

Membership:

_____ **\$35 - Individual:** Appropriate for a single member, or households with only one active voting-age member. ('Voting age' is defined as being 16 years of age or older.)

_____ **\$45 – Multiple-Vote Household:** For households with two or more voting-age members. For each additional voting member (more than 2), please add \$5.00.

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GENERAL INFORMATION:

Voting Member(s): _____

Add'l Members (Children included): _____

Street Address: _____

City: _____ State: _____

Zip: _____

Phone: _____
Preferred Alternate

Email: _____
Preferred Alternate

SKILLS AND INTERESTS:

Interests: _____

Special skills you would be willing to share (Musical ability, craft skills, public speaking, acting, dancing, first person interpretation, etc.) _____

Current/Previous living history experience: _____

EMERGENCY CONTACT - In case of medical emergency, injury or accident while you are in attendance at an LHS event and require medical or other care:

Name/Relationship/Phone

I certify that the statements made in this membership application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the Living History Society of Minnesota from any liability whatsoever for supplying such information.

SIGNATURE: _____ DATE: _____

DATE: _____

Signature of Parent or Guardian if Applicant is under 18 years old

Model Release Form

I hereby give permission to the Living History Society of Minnesota, Inc. (LHS) to use my photographic likeness in all forms and media (including, but not limited to: website, newspaper, newsletter, brochures and flyers) for publicity, advertising, trade and any other lawful purposes and I waive any right to approve the finished product, including written copy that may be created in connection therewith. LHS policy is to never identify individuals in photographs for public use.

I hereby release the Living History Society of Minnesota, Inc., its authorized representative agencies, webmaster, and members from all claims of every kind on account of such use.

Print Name(s): _____

Signature: _____ Date: _____

If member is the parent/guardian of children under 18 years of age who will be participating in LHS events:
I, _____, am the legal parent/guardian of the individual(s) named below. I have read this release and approve of its terms.

Print Name of Minor(s): _____

Signature of Parent/Legal Guardian: _____ Date: _____