



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

Membership Application 2010-2011

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, 2010. Please make checks payable to: **Living History Society of Minnesota, Inc.** Membership application form and payment can be brought to the monthly member meeting or can be mailed to: **LHS Membership, 1898 Iglehart Avenue, St. Paul, MN 55104.** Questions regarding your application may be directed to the Secretary via e-mail to secretary@lhsmn.org.

General benefits of membership in the Living History Society of Minnesota, Inc., include a subscription to the journal, *Spray of the Falls*; access to the Grapevine (informational e-mail about events and items of interest to LHS members); access to the Drawing Room (a discussion listserv); access to programmatic Society listservs (such as Players or Barons); a copy of the LHS membership directory and other LHS publications; as well as free use of period clothing from our lending wardrobe. 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. 'Subscription' will entitle you to receive our journal, *Spray of the Falls*, and access to the Society's Grapevine listserv. Subscription is **not** membership.

Membership:

_____ **\$25 - 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.)

_____ **\$35 – Multiple-Vote Household:** For households with two or more voting-age members. For each additional voting member (more than 2), please add \$5.00.

Subscription:

_____ **\$20 - Subscription:** Newsletter/Grapevine Subscription only. No voting or discount privileges.

Living History Society of Minnesota Membership Application 2010-2011

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: _____

Medical Release Form

If my child sustains an injury or becomes ill while engaged in an activity associated with the Living History Society of Minnesota, Inc., and if I am not able to be contacted, or the urgency of the need for medical treatment will not allow time to contact me, then I hereby give my permission to the Living History Society of Minnesota, Inc. to (a) provide transportation for my child to an appropriate medical facility, and (b) to medical personnel selected by LHS members to provide necessary emergency treatment, including hospitalization, as they deem ordinary and necessary under the circumstances.

Print Names of Minor(s): _____

Signature of Parent/Legal Guardian: _____ Date: _____