

ADIRONDACK MENNONITE HERITAGE ASSOCIATION

MEMBERSHIP APPLICATION

Date _____

Name (print) _____

Membership Category (Select One)

Address _____

Individual \$15 _____

Married Couple \$25 _____

City, State, Zip _____

Membership Valid Thru April 30, 2022

Telephone _____

Email _____

Congregational Affiliation (if applicable) _____

The purpose of the corporation is to (a) preserve our Mennonite Heritage (based on its Anabaptist origin of 1525), (b) share our unique Christian faith story with our world, and (c) keep intact artifacts of the North Country Amish Mennonite Settlement.

Affirmation:

I, _____, affirm that I am in agreement with Adirondack Mennonite Heritage Association's purpose and shall do my utmost to support the organization in accomplishing these goals.

Please make checks payable to AMHA [501(c)(3) organization].

Mail check and application to:

Adirondack Mennonite Heritage Association
Donald Roggie, Treasurer
4491 Boshart Rd.
Lowville, NY 13367