

**Membership Application/Renewal**  
**\$5.00 per year**

Name(s) \_\_\_\_\_ \$ \_\_\_\_\_  
Dues

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Donation \_\_\_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you would like to volunteer to be on a Committee, work at the show, or have suggestions for the next show, please indicate in the comment section.**

**Mail to:**  
**Power of the Past**  
**P.O. Box 122**  
**Ottawa, KS 66067**