## Membership Application/Renewal \$5.00 per year

Date	2		
Name(s)		<b>\$</b>	
		Dues	
Mailing AddressStreet	City	State	Zip
Phone Number	E-Mail Address		
Donation			
Comments			
If you would like to volunteer to be of	ŕ	,	suggestion

for the next show, please indicate in the comment section.

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