

# Governmental Member Renewal Form

Please provide the name of the person responsible for communicating with our organization

Primary Contact First and Last Name:

\_\_\_\_\_

Primary Contact Job Title: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

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Please provide an additional contact in the event the primary contact becomes unavailable

Please Provide Secondary Contact Information:

Secondary Contact Member First and Last Name: \_\_\_\_\_

Secondary Contact Job Title: \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_

Payment (circle one):

CASH

CHECK

CREDIT CARD

CC#: \_\_\_\_\_

CVV: \_\_\_\_\_ Exp \_\_\_\_\_ Zip \_\_\_\_\_

Membership amount: \$ \_\_\_\_\_

**TOTAL PAYMENT AMOUNT: \$ \_\_\_\_\_**

**Mail this form along with payment:**

McHenry County Historical Society

6422 Main Street

P.O. Box 434

Union, IL 60180