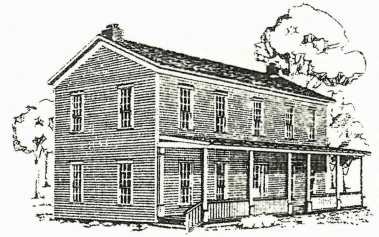


Stone's Trace Historical Society



Membership Form

Name _____ Date of Application _____

Address _____ City _____ Zip _____

Email _____

Phone Number _____ Cell _____ Home _____

Spouse Name _____ Phone Number _____

Dependent Childern Name _____ Age _____

 Name _____ Age _____

 Name _____ Age _____

 Name _____ Age _____

 Name _____ Age _____

Please list activities or skills you like to do: (such as carpentry, woodworking, cooking, painting, gardening, historical architecture and Etc)

Any Member you know _____

Please mail or Email to:

Jim Hossler
President
1588 N 650 W
Kimmell, In 46760
574-529-3693 Cell
stonetrace@gmail.com