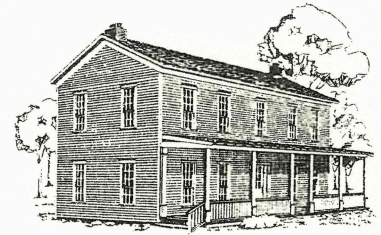


# Stone's Trace Historical Society



## Student Membership Form

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Email \_\_\_\_\_

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

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Any Member you know \_\_\_\_\_

**Note:** PARENTS: We will send all information to you by email regarding events and work days. If you have concerns about your child's school grades and need to have your child drop the membership, please contact me by email or phone. **Thanks Jim Hossler**  
**President**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or Email to:

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