

Medicine Lodge Indian Peace Treaty Association

MEMBERSHIP FORM

Name: _____

Postal Address:

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

What is your involvement with Peace Treaty Association sponsored events?

- Check one: Honorary Membership
 Annual Active Membership - \$10
 3-Year Active Membership - \$25

PLEASE NOTE:

Your personal information will not be given out to other entities.

SEND TO:

Medicine Lodge Indian Peace Treaty Association

103 E. Washington Ave.

P.O. Box 128

Medicine Lodge, KS 67104

620-886-9815

www.peacetreaty.org

ptreaty@sctelcom.net
