Membership Application/Renewal

Your membership is important to us. Your dues support the Society's work and demonstrates to potential grant makers and major donors the strength of community and public support of the Society.



Date:					
Please fill out your na	ame(s), address, pho	ne number and email,	and check the app	ropriate classification	n:
Name:				_	
Spouse:				_	
Telephone:				_	
Address:				_	
Email:				_	
If family membership	, please list names o	f family members:			_
Please circle your int	erests: Artifact I	Preservation Co	mmunity Involvem	ent Civic Pride	Horticulture
Architecture	Grade School Educ	ation Middle Schoo	l Education High	School Education	Lifelong Learning
[] Please check her	e to receive informa	ion on Volunteer Opp	ortunities.		
Please check your de	sired membership:				
		[]\$25 Senior (65+) []\$300 Business			or
•	•	Historical Society, PO isa via telephone or fil		•	to say hello at
Please provide the re	quested information	and sign the form.			
Visa Mast	ercard				
Card#			Exp.Date		
Amount Authorized	Card	holder's Signature			

Email This Form TODAY!

Again, all our thanks for your continued support!