



Emmaus Historical Society

Please complete the following membership information.

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

YES! I want to volunteer. Contact me when you need help with: _____

YES! I would like to receive my membership card (enclose a self-addressed stamped envelope).

Select Membership Category:

- | | | | |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> Annual Individual | \$15.00 | <input type="checkbox"/> Life Individual | \$200.00 |
| <input type="checkbox"/> Annual Family | \$25.00 | <input type="checkbox"/> Life Family | \$350.00 |
| | (2 adult votes) | | (2 adult votes) |
| <input type="checkbox"/> Annual Business | \$40.00 | <input type="checkbox"/> Life Business | \$300.00 |
| <input type="checkbox"/> Annual Charitable/
Civic Org. | \$25.00 | <input type="checkbox"/> Life Charitable/
Civic | \$100.00 |
| <input type="checkbox"/> Junior (up to age 18
non-voting member) | \$ 3.00 | | |

This is a **gift** Membership **for**:

The gift is **from**:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

I/We also wish to make an additional monetary donation to the Emmaus Historical Society in the amount of: \$_____.

.....
For Office Use Only:

Date Paid: _____ Amount: _____ Check No.: _____ Cash: _____