



Historical Society Reciprocal Membership Form Part 2 – Member Information

Name of Historical Society: _____ Date: _____

Member #1:

Type of Membership: Heritage Subscription \$32 Individual \$47 Family \$64

First Name: _____ Last Name: _____

Family Memberships Only: Second Adult Name: _____ No. of Children: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Member #2:

Type of Membership: Heritage Subscription \$32 Individual \$47 Family \$64

First Name: _____ Last Name: _____

Family Memberships Only: Second Adult Name: _____ No. of Children: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Member #3:

Type of Membership: Heritage Subscription \$32 Individual \$47 Family \$64

First Name: _____ Last Name: _____

Family Memberships Only: Second Adult Name: _____ No. of Children: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Member #4:

Type of Membership: Heritage Subscription \$32 Individual \$47 Family \$64

First Name: _____ Last Name: _____

Family Memberships Only: Second Adult Name: _____ No. of Children: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Attach additional sheets as necessary