



Historical Society Reciprocal Membership Form

Part 1 – Historical Society Information and Payment

Yes! Our Historical Society wishes to partner with the Pennsylvania Heritage Foundation.

Name of Historical Society: _____ Date: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Email: _____

Complete “Member Information Part 2” and include additional copies as needed

Total Number of Heritage Memberships: _____ x \$32 = \$ _____

Total Number of Individual Memberships: _____ x \$47 = \$ _____

Total Number of Family Memberships: _____ x \$64 = \$ _____

Total Payment: \$ _____

_____ Enclosed is a check from the Historical Society made payable to:

Pennsylvania Heritage Foundation, 400 North Street, Harrisburg, PA 17120

_____ Payment submitted on-line

_____ Total Number of pages submitted

To pay on-line or download additional copies of the Historical Society Reciprocal Membership Form visit our website at:

<http://www.paheritage.org/membership/historical-society-membership.html>



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