



# HUNTERSTOWN HISTORICAL SOCIETY (HHS)

## Membership Application Form

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Spouse's Name: ((If Joint Membership)) \_\_\_\_\_

Current address: \_\_\_\_\_

City: _____	State: _____	ZIP Code: _____
-------------	--------------	-----------------

Country: _____	Phone: _____	Email Address: _____
----------------	--------------	----------------------



### TYPE OF MEMBERSHIP (IN US DOLLARS)

\*Annual dues to be paid on the anniversary of application date.

Individual Membership (Annual)      \$25.00 Joint Membership (Annual)              \$40.00 Individual Senior* Membership (Annual)    \$15.00 <small>(* Seniors must be 62 or older)</small> Individual Lifetime Membership            \$200.00 Joint Lifetime Membership                  \$320.00	_____ _____ _____ _____ _____
Payment Received by: _____	Date: _____

### SIGNATURES

**A copy of the signed application will be sent to the new member within ten (10) days.**

Signature of applicant(s): _____	Date: _____
----------------------------------	-------------

Signature of HHS Treasurer: _____	Date: _____
-----------------------------------	-------------