



Maytown Historical Society
MEMBERSHIP

MEMBERSHIP FORM

NAME: _____

New Membership
 Renewal

MAILING ADDRESS:

Street _____
 PO Box _____
 City _____
 State _____ ZIP CODE _____

PHONE NUMBER () _____

EMAIL ADDRESS _____

Please indicate which membership you are seeking

ANNUAL _____ (\$10.00/yr) LIFE _____ (\$50.00)

PRINT this form, complete and send along with a check payable to:

Maytown Historical Society
 PO Box 293
 Maytown, PA 17550-0293

Thank you for supporting our Society...and its work!