MEMBERSHIP APPLICATION/RENEWAL FORM MONTGOMERY COUNTY HISTORICAL SOCIETY

NAME:					
	(First)	(Middle)		(L	ast)
ADDRESS					
	(Street)		(City)	(State)	(Zip)
PHONE:		EMAIL:			
Please check type of membership (Membership period is January to December) Please make checks payable to MCHS					
Individual \$25 Family \$35 Student (K-12) \$10 Life \$500					
Corporate \$\square \\$255 Institutional \$\square \\$500 Preservation Society (2 years) \$\square \\$2,000					
New Member	Renewal Me	mber [Changing Memb	pership 🔲