



## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am willing to participate in the area(s) checked below:

- |  |   |
|--|---|
| <input type="checkbox"/> Serve on a committee  | <input type="checkbox"/> Future Board Trustee |
| <input type="checkbox"/> Help with fundraising | <input type="checkbox"/> Financial support    |
| <input type="checkbox"/> Help with membership  | <input type="checkbox"/> Other: _____         |

### **Dues Schedule**

(membership period June 1-May 31)

Single.....\$15

Family.....\$20

Business.....\$75

Please mail your application and check to:

Mt. Gretna Area Historical Society  
P.O. Box 362  
Mount Gretna, PA 17064