



Application for Membership

Date: _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Mobile Phone _____

E-mail _____

Membership Category

- | | |
|--|----------|
| <input type="checkbox"/> Individual | \$10.00 |
| <input type="checkbox"/> Family | \$15.00 |
| <input type="checkbox"/> Student | \$5.00 |
| <input type="checkbox"/> Sustaining | \$25.00 |
| <input type="checkbox"/> Life (Individual) | \$150.00 |

Please mail form and check made payable to "Boonsboro Historical Society" to:

Boonsboro Historical Society, P.O. Box 213, Boonsboro, MD 21713

Office Use:

Amount of Payment: _____

Date Received: _____

Check #: _____

Received By: _____