



BOONSBORO

Historical Society

Boonsboro, Maryland

Application for Membership

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Preferred Method of Contact: U.S. Mail _____ E-mail _____

Membership Category

() Individual \$10.00

() Family \$15.00

() Student \$5.00

Additional Contribution: _____ (Amount)

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

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

Office Use:

Date Received: _____

Amount of Payment: _____

Received By: _____

Check No. : _____