

CLARKSVILLE HISTORICAL SOCIETY

June 1, 2013 – May 31, 2014

GENERAL MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name:

Mailing address:

City:

State:

ZIP Code:

Phone:

E-mail Address:

PLEASE CHECK APPROPRIATE CATEGORY

	\$5.00	Student
	\$10.00	Senior Citizen (at least 62 years of age)
	\$15.00	Individual
	\$20.00	Family
	\$25.00	Contributing
	\$100.00	Life (per person)
	\$	Additional Donation for: <input type="checkbox"/> Historical Marker <input type="checkbox"/> Building Fund <input type="checkbox"/> Insurance <input type="checkbox"/> General

BUSINESS MEMBERSHIP APPLICATION

Business Name:

Contact Person:

Mailing address:

City:

State:

ZIP Code:

Phone:

E-mail Address:

PLEASE CHECK APPROPRIATE CATEGORY

	\$25.00	Patron (business name listed in newsletter)
	\$50.00	Supporter (Business name and phone number listed in newsletter)
	\$100.00	Benefactor (1/8 page ad 3 3/4" x 2 1/2" in newsletter)
	\$	Additional Donation for: <input type="checkbox"/> Historical Marker <input type="checkbox"/> Building Fund <input type="checkbox"/> Insurance <input type="checkbox"/> General

PAYMENT INFORMATION

Cash

Check # _____

Signature of applicant:

Date: