

Maytown Historical Society

Membership Renewal Form

Name _____

____ New Membership

____ Renewal

Mailing Address:

Street: _____

PO Box: _____

City: _____

State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

____ I would like to receive my newsletter by email

Email Address _____

Please indicate which membership you are seeking

Annual _____ (\$10.00/year)

Life _____ (\$50.00)

Complete this form and send along with a check or money order payable to:

Maytown Historical Society

PO Box 293

Maytown, PA 17550

I can provide a history of: _____

I can provide a historic collectable: _____

I can volunteer for: _____ Museum Restoration Tasks

_____ Food Stand

_____ Museum Operations

_____ Events