



**Membership Form**

Fname(s) \_\_\_\_\_ Lname \_\_\_\_\_ **(Please print clearly)**  
(List all first names of individuals under this membership)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_  
(PNEHS does Not Sell or Give Out Phone #s or E-mail Addresses To Outside Organizations)

This membership is: A renewal \_\_\_\_\_ Membership # \_\_\_\_\_ A new member(s) \_\_\_\_\_

--- **Please indicate type of membership below and all of the following that apply: --- Please do not separate form** ---

**Type of Membership**

- Individual (\$15.00) \_\_\_\_\_
- Family (\$25.00) \_\_\_\_\_ (Be sure to list all family members under this membership-Dependants 18 and under can be included)
- Senior (60+) (\$10.00) \_\_\_\_\_ (Per member)
- Student (\$10.00) \_\_\_\_\_ (College or Trade School)
- Sponsor (\$50.) \_\_\_\_\_ (Be sure to list all family members under this membership-Dependants 18 and under can be included)
- Benefactor (\$75.) \_\_\_\_\_ (Be sure to list all family members under this membership-Dependants 18 and under can be included)
- Patron (\$100.) \_\_\_\_\_ (Be sure to list all family members under this membership-Dependants 18 and under can be included)

**Memorials**

Memorial Amount \_\_\_\_\_ (In the name(s) of) \_\_\_\_\_  
\_\_\_\_\_

**Other Donations to the Society**

- History Museum \_\_\_\_\_
- Site Restoration \_\_\_\_\_
- Other or no specific \_\_\_\_\_ (Please list other) \_\_\_\_\_

**Total Enclosed** \_\_\_\_\_

**If you are interested in volunteering, please indicate the area in which you would be able to help.**

- |                      |                     |               |
|----------------------|---------------------|---------------|
| Docent (Guide) _____ | Maintenance _____   | Cottage _____ |
| Filing _____         | Publicity _____     |               |
| Grant Writing _____  | Merchandizing _____ |               |
| Education _____      | Fund Raising _____  |               |
| Special Events _____ | Research _____      |               |

Best time to contact you if an E-mail address was not provided \_\_\_\_\_

Please return this form in the enclosed envelope or to the person that gave it to you, or to:

**Points Northeast Historical Society      Make checks payable to: PNEHS**  
**1000 Town Center STE 180**  
**PMB #135**

