

Membership Application
Equinunk Historical Society

Please print and return to Equinunk Historical Society

Membership Application
Equinunk Historical Society
PO Box 41, Equinunk, PA 18417-0041

Name: Mr. ___ Mrs. ___ _____

Mr. ___ Mrs. ___ _____

Mailing Address: _____

City _____ State _____ Zip+4 _____

Telephone #: () _____ Email _____

Local Address: _____ Telephone _____

City _____ State _____ Zip+4 _____

Category:

Individual - (\$20) _____ Family - (\$30) _____ Life - (\$125) _____

Please call on me to volunteer _____ Interests _____

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----- Office Use Only -----

Date Paid _____ Amount _____ Expires _____