



Emmaus Historical Society

Member Application

New Renewal Gift Membership *

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email Address: _____

* If a Gift Membership, From: _____

Address: _____

Select Category

Annual Membership

- | | |
|--|---------|
| <input type="checkbox"/> Individual | \$15.00 |
| <input type="checkbox"/> Family (spouse & children under age 18)
(2 voting members) | \$25.00 |
| <input type="checkbox"/> Junior (up to age 18, non-voting member) | \$ 3.00 |
| <input type="checkbox"/> Business | 40.00 |
| <input type="checkbox"/> Charitable/Civic Organization | 25.00 |

Life Membership

- | | |
|--|----------|
| <input type="checkbox"/> Individual | \$200.00 |
| <input type="checkbox"/> Family (2 votes) | \$350.00 |
| <input type="checkbox"/> Business | \$300.00 |
| <input type="checkbox"/> Charitable/Civic Organization | \$100.00 |

Mail to: Emmaus Historical Society
 218 Main Street
 Emmaus, PA 18049

Check here _____ if you would like to volunteer at the museum or at programs and events.

Check here _____ if you prefer to receive email newsletters and notifications in lieu of postal mail.

Date Paid: _____ Amount: _____ Check # _____ Cash _____

Thank You For Your Membership And Continued Support!

Did You Remember To Include Your Capital Campaign Donation & Form?