

MEMBERSHIP RENEWAL APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

- SEND MY NEWSLETTER BY EMAIL
- I AM INTERESTED IN VOLUNTEER OPPORTUNITIES

SELECT MEMBERSHIP CATEGORY:

Dues cover membership for one calendar year, from January 1 to December 31.

- | | |
|-------------------------------------|----------|
| <input type="checkbox"/> STUDENT | \$15 |
| <input type="checkbox"/> INDIVIDUAL | \$40 |
| <input type="checkbox"/> FAMILY | \$50 |
| <input type="checkbox"/> BENEFACTOR | \$100 |
| <input type="checkbox"/> HERITAGE | \$250 |
| <input type="checkbox"/> OTHER GIFT | \$ _____ |

RETURN COMPLETED NEW MEMBERSHIP OR RENEWAL AND PAYMENT TO:
HISTORICAL SOCIETY OF HARFORD COUNTY, INC.

OR GO TO THE WEBSITE
www.harfordhistory.org/support-us/membership/

143 N. Main Street, Bel Air, MD 21014
410-838-7691 • www.HarfordHistory.org

