

Membership/Renewal Application

Name _____

Street _____

City _____

State _____ Zip Code _____

Telephone _____

Email _____

Date _____

Please check one of the following:

- | | | |
|--|---|---------|
| _____ Individual Membership | - | \$15.00 |
| _____ Family Membership | - | \$20.00 |
| _____ Senior Membership (<i>65 and over</i>) | - | \$10.00 |
| _____ Student Members | - | \$ 5.00 |
| _____ Donation _____ | | |

Please make check payable to:

South Park Historical Society
P.O. Box 555
South Park, PA 15129