



MEMBERSHIP FORM

2017

NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHYSICAL ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE NUMBERS – FOR EACH INDICATE CONTACT NAME AND WHETHER HOME, CELL, OR WORK NUMBER.

PHONE 1: _____ **PHONE 2:** _____

EMAIL 1: _____ **EMAIL 2:** _____

PLEASE SEND MY NEWSLETTER BY: **POSTAL MAIL** **EMAIL**

IF YOU HAVE AN EMAIL, PLEASE CONSIDER ELECTRONIC DELIVERY, IT HELPS THE SOCIETY SAVE POSTAGE.

YES! I WOULD LIKE TO VOLUNTEER. MY INTERESTS ARE:

MEMBERSHIP LEVEL:

INDIVIDUAL \$20.00

FAMILY \$30.00

BUSINESS \$50.00

LIFETIME \$500.00

BUSINESS NAME: _____ **ADDRESS:** _____

PHONE NUMBER: _____ **EMAIL:** _____

I AM ALSO INCLUDING A DONATION OF \$ _____ **TOWARDS THE FOLLOWING CHHS PROJECT:**

DONATIONS CAN BE PUT TOWARDS OPERATIONS EXPENSES, COLLECTIONS, EXHIBITS, OR TOWARDS THE MAINTENANCE OF ANY OF OUR HISTORICAL BUILDINGS.

PLEASE MAKE YOUR CHECKS PAYABLE TO THE CHAPPELL HILL HISTORICAL SOCIETY. THE FORMS AND PAYMENT CAN BE BROUGHT OR MAILED TO:

**CHAPPELL HILL HISTORICAL SOCIETY
9220 POPLAR STREET
CHAPPELL HILL, TX 77426**