Charlton Historical Society
P.O Box 252
Charlton, Massachusetts 01507

Date:_____

NAME: _____

ADDRESS: _____

_____

Type of Membership: **_____Individual $10.00** **_____Family $20.00** **_____Life $100.00 / each or**
_____Life $150.00 / per couple

_____ Renewal **_____ New Member**

I do not care to join the CHS at this time. However, I would like to make a donation of $_____

I would like to volunteer at an event or be a member of the Board of Directors. Phone Number:_____

Gift Membership:

I would like to purchase a Gift Membership for:

Name: _____
Address: _____
Telephone: _____

Type of Gift Membership: _____ Individual $5.00 _____ Family $10.00
_____ New _____ Renewal

Please let them know that this Gift Membership is from:

Name: _____
Address: _____
Telephone: _____

Comments:_____