

MEMBERSHIP FORM



2016

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: (PLEASE ALSO FILL OUT VOLUNTEER INTEREST FORM)

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:**

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**