

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**
 _____ **Renewal** _____ **New Member** _____ **Life \$150.00 / per couple**

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 \$10.00 _____ Family \$20.00
 _____ New _____ Renewal

Please let them know that this Gift Membership is from:

Name: _____
Address: _____
Telephone: _____

Comments: _____