

Membership Application  
Equinunk Historical Society

*Please print and return to Equinunk Historical Society*

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Membership Application  
Equinunk Historical Society  
PO Box 41, Equinunk, PA 18417-0041

Name: Mr. \_\_\_ Mrs. \_\_\_ \_\_\_\_\_

Mr. \_\_\_ Mrs. \_\_\_ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone #: (     ) \_\_\_\_\_ Email \_\_\_\_\_

Local Address: \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Category:

Individual - (\$15) \_\_\_\_\_ Family - (\$25) \_\_\_\_\_ Life - (\$125) \_\_\_\_\_

Please call on me to volunteer \_\_\_\_\_ Interests \_\_\_\_\_

CONSIDER GIVING A GIFT MEMBERSHIP IN EHS  
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----- Office Use Only -----

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Expires \_\_\_\_\_