

WALKERTOWN AREA HISTORICAL SOCIETY, INC.

www.WalkertownAreaHistoricalSociety.org
P.O. Box 1183 ~ Walkertown, NC ~ 27051-1183

APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____
 Last First Middle Maiden

If family membership, provide other family member names:

PHYSICAL STREET ADDRESS _____

CITY, STATE, ZIP _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (with area code) _____

E-MAIL ADDRESS

MEMBERSHIP TYPE:

Please check one

- INDIVIDUAL \$10
 FAMILY \$20
 LIFE TIME MEMBERSHIP \$100
 BUSINESS SPONSORSHIP \$35
 MEMBER IN MEMORY Donation of \$100 or more

AREAS OF INTEREST:

Programs Publicity Membership Office Holder
 Historic Records Fund Raising
 Other _____

Please complete application and mail with check payable to Walkertown Area Historical Society
(or WAHS), P O Box 1183, Walkertown, NC 27051-1183.