

Jefferson Township Historical Society, Inc.

Membership Application

*Name*_____

*Address*_____

*City*_____ *State*_____ *Zip*_____

*E-Mail*_____ *Telephone#*_____

Please indicate membership:

New/ Renewal

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> A. Business | \$100.00 | <input type="checkbox"/> D. Family | \$25.00 |
| <input type="checkbox"/> B. Patron | \$500.00 | <input type="checkbox"/> E. Individual | \$15.00 |
| <input type="checkbox"/> C. Sustaining | \$75.00 | <input type="checkbox"/> F. Life | \$250.00 |

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I would like to make a contribution of

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Please make check payable to~
Jefferson Township Historical Society, Inc.

Mail to ~
Jefferson Township Museum
315 Dover-Milton Road
Jefferson Twp., NJ 07438

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