

SKIPPACK HISTORICAL SOCIETY, INC.

P.O. Box 9, Skippack, PA 19474

610-584-1166

www.skippack.org

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

OCCUPATION: _____

COMMENTS: _____

If you would like to assist with any of the committees listed below, please check appropriate boxes:

FUNDRAISER COMMITTEE

PROGRAM COMMITTEE

RESEARCH/ARTIFACT COMMITTEE

INDENHOFEN FARMSTEAD COMMITTEE

PROPERTY COMMITTEE

OTHER _____

DUES:

INDIVIDUAL: \$20.00

AMOUNT PAID: \$ _____

FAMILY (COUPLES): \$30.00

TAX-FREE DONATION \$ _____

Checks are payable to:
SKIPPACK HISTORICAL SOCIETY

Mail to:

P.O. Box 9, Skippack, PA 19474