

MEMBERSHIP FORM

Please accept my/our membership for the New Haven Area Historical Association.

Enclosed is the following Amount \$ _____ to cover the cost of membership fees.

New member Renewal Gift membership Donation

Name _____

Address _____

Phone _____ EMail _____

Gift from

Benefactor _____ \$500.00

Family _____ \$20.00

Corporate _____ \$100.00

Adult _____ \$15.00

Business _____ \$50.00

Senior _____ \$10.00

I would like to make a tax deductible contribution.

Annual Fund Amount \$ _____

All contributions are tax deductible as provided by law. Please make checks payable to New Haven Area Heritage Association. Thank you for your support.

Please mail to New Haven Area Heritage Association, Post Office Box 94, New Haven, In. 46774