

Boalsburg Heritage Museum Membership

Mail this form and a check, payable to Boalsburg Heritage Museum Association, to:

Boalsburg Heritage Museum, P.O. Box 346, Boalsburg, PA 16827

PLEASE TYPE OR PRINT

Name(s) _____

Address _____

Telephone: (Home) _____ (Work) _____

Email: _____

Memberships (check those that apply):

INDIVIDUAL MEMBERSHIP \$ 10 per person \$ _____

FAMILY MEMBERSHIP \$ 20 \$ _____

SUPPORTING MEMBERSHIP \$ 50 \$ _____

LIFETIME MEMBERSHIP \$ 100 \$ _____

ADDITIONAL CONTRIBUTION \$ _____

TOTAL ENCLOSED \$ _____

All contributions are tax-deductible

I would be willing to serve as a volunteer. Please contact me.

DATE _____

Thank You!