

Membership Application

Primary Applicant Information

Name: _____ Phone: () - ____ - _____ Email: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

Spouse Information / If you have a spouse that you would like to get a membership for please fill in the following. Each person is \$5 for membership.

Name: _____ Phone: () - ____ - _____ Email: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

Child Information / If you have any children that you would like to get a membership for please list their names. Each person is \$5 for membership.

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Applicant Signature: _____ Date: __ / __ / ____

Spouse's Signature: _____ Date: __ / __ / ____

Membership Dues

Membership dues are \$5 per person, we do not offer family memberships anymore. Payment details are below:

Make check or money order payable to: South Central Penn Historic Lifestyle and Power Society

Mail To: Membership Secretary
110 Starview Blvd.
Mt. Wolf, PA 17347