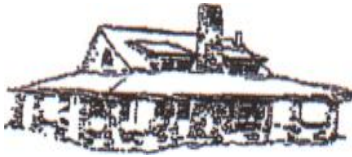


LEHIGH TOWNSHIP HISTORICAL SOCIETY



P. O. Box 727 Cherryville, PA 18035



SUPPORTING MEMBER APPLICATION

**Please print your name as it should appear on your membership card.*

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone # _____ Cell # _____

E-Mail(s) _____

Please check any ways you can volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Volunteer at fundraising events | <input type="checkbox"/> Bake for Bake Sales |
| <input type="checkbox"/> Sell tickets at events | <input type="checkbox"/> Prepare baskets for raffles |
| <input type="checkbox"/> Grant-writing - applications | <input type="checkbox"/> Sorting and filing archives |
| <input type="checkbox"/> Paint/Make signs, put up posters etc. | <input type="checkbox"/> Data entry of archives in computer |
| <input type="checkbox"/> Take photos at events | <input type="checkbox"/> Take photos of collections |
| <input type="checkbox"/> Help with maintenance/cleaning | <input type="checkbox"/> Contact local businesses for support |

Indicate Annual Supporting Membership Category

_____ New member	_____ Renew membership	<u>Amount Enclosed</u>
_____ Individual	\$ 15.00	\$ _____
_____ Family.....	\$ 25.00	\$ _____
_____ Senior age 60+	\$ 5.00	\$ _____
_____ Student (under 19)	\$ 5.00	\$ _____
_____ Business/Civic.....Tier I.....	\$ 40.00 - \$ 74.00	\$ _____
_____ Business/Civic.....Tier II.....	\$ 75.00 - \$ 99.00	\$ _____
_____ Business/Civic.....Tier III.....	\$ 100.00 - \$ 199.00	\$ _____
_____ Business/Civic.....Tier IV.....	\$ 200.00 - or more	\$ _____
_____ Additional Donation (optional)		\$ _____

Please make check/money order payable to:

Lehigh Township Historical Society

Mail this form along with payment to:

PO Box 727, Cherryville, PA 18035

For Office Use only: Date Rcvd _____ Cash _____ Check No. _____ Amount \$ _____

Rcvd by: _____