

MEMBERSHIP APPLICATION
 FOR
WEST MANCHESTER TOWNSHIP
HISTORICAL SOCIETY, INC.

Corporation/Business _____

Name (Individual) _____

Spouse (Family) _____

Address _____

City _____ State _____ Zip _____

Phone(Home) _____ (Work) _____

E-Mail _____ Fax _____

Type of Membership: _____ Active
 _____ Associate
 _____ Honorary

Class of Membership:	_____ Yearly Individual	\$20.00
	_____ Yearly Family*	\$25.00
	_____ Yearly Individual Senior(65+)	\$15.00
	_____ Yearly Senior Family**	\$18.00
	_____ Life Individual	\$200.00
	_____ Life Family*	\$250.00
	_____ Life Individual Senior(65+)	\$150.00
	_____ Life Senior Family**	\$180.00

*Family membership includes spouse and children under 18 years of age.

**Senior Family membership includes spouse of any age.

Memberships are valid January 1st through December 31st.

Mail form to and make checks payable to : West Manchester Township Historical Society, Inc.

% Jay kern 3160 West Market St. York, PA 17404

For Society use only: Check # _____ Cash _____

Date accepted for Membership: _____

Processed by: _____