

Spring-Ford Area Historical Society

[SFAHS is a 501 (c) (3) non-profit organization]

MEMBERSHIP APPLICATION FORM – (check one) ___ NEW ___ RENEWAL

Membership helps us further our mission of preserving the past for the future.
(If you have an email address, please include it to receive member updates and news.)

Name: _____

Street Address: _____

City, State & Zip: _____

Phone No. _____ Email Address: _____

Support SFAHS's year-long effort to preserve and promote the area's history by including a tax-deductible year-end gift.

Yes! I value the work of the society!
Please accept my special year-end gift:

- \$25
- \$50
- \$100
- \$ _____

Membership Options

Check one:

- Individual Member - \$15
- Family Membership - \$25
- Business Membership - \$50
- Individual Life Membership - \$250

Thank You!

TOTAL ENCLOSED:

\$ _____

I/We would like to volunteer for:

- Museum Co-Hosting
- Special Events
- Research
- Other _____

Make checks payable to: Spring-Ford Area Historical Society
Send payment to: SFAHS, P.O. Box 312, Royersford, PA 19468