

Perryopolis Area Heritage Society

Membership Application

Please check the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> Individual Annual \$10.00 | <input type="checkbox"/> Individual Lifetime \$100.00 |
| <input type="checkbox"/> Family Annual \$20.00 | <input type="checkbox"/> Family Lifetime \$200.00 |
| <input type="checkbox"/> Organization/Church Annual \$15.00 | <input type="checkbox"/> Organization/Church Lifetime \$150.00 |
| <input type="checkbox"/> Business Annual \$25.00 | <input type="checkbox"/> Business Lifetime \$250.00 |

Please **PRINT** your name as you want it to appear on your membership card.

Name 1 _____

Name 2 _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

(Business memberships are entitled to two membership cards. Please include two names.)

Please make your check payable to PAHS and mail to:

PAHS Membership Drive
P.O. Box 303
Perryopolis, PA 15473-0303

Thank you.