

MEMBERSHIP ACCEPTANCE FORM

- New Member
- Renewing Member

- Individual \$25
- Family \$40
- Contributing \$75
- Patron \$125
- Sustaining \$250
- Benefactor \$500
- Lifetime \$3,000

1). Please check the new or renewing member box at left. 2). Choose a giving category. 3). Fill out the contact and payment information below.

Dr./Mr./Mrs./Ms. _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

For Office Use Only

Check#:

Renewal Date:

Start Date:

Payment Method:

Check (make payable to CFHS)

VISA/MC Card Number:

Expiration Date:

Signature:

____ / ____

Return to: **Chadds Ford Historical Society**

P.O. Box 27 • Chadds Ford, PA 19317 • Phone: 610-388-7376 Fax: 610-388-7480