



**MEMBERSHIP/RENEWAL APPLICATION**

Dues for Year \_\_\_\_\_

New

Renewal

<b><u>Membership Category</u></b>		
<i>Benefactor</i>	\$150	<input type="checkbox"/>
<i>Dual/Family</i>	\$75	<input type="checkbox"/>
<i>Individual</i>	\$50	<input type="checkbox"/>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Donation: \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Method of Payment**

\_\_\_ **Check:** Please make payable to the **Summit Historical Society**

\_\_\_ Please bill my **Credit Card:** **Visa**  **MasterCard**  **American Express**  **Discover**

**Account #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Matching Gift Employer Name \_\_\_\_\_  
[Please attach completed employer form]

**Volunteer Opportunities**

(please  all you are interested in)

- |                                  |                          |
|----------------------------------|--------------------------|
| ___ Carter House Docent          | ___ Plan or Staff Events |
| ___ Respond to Research Requests | ___ Fundraising          |
| ___ Catalogue Acquisitions       | ___ Marketing            |
| ___ Digitize Photos & Documents  | ___ Special Projects     |
| ___ Other Interest _____         |                          |

**Please return to: Summit Historical Society, P.O Box 464, Summit, NJ 07902-0464**