

DURHAM HISTORIC ASSOCIATION – MEMBERSHIP FORM



MEMBER INFORMATION

DATE:

NAME:

EMAIL ADDRESS:

(with rising postage costs we would prefer to communicate with you electronically)

STREET:

CITY/STATE/ZIP:

TELEPHONE (optional):

NEW MEMBER (Y/N):

RENEWAL (Y/N):

ANNUAL DUES

AMOUNT ENCLOSED

INDIVIDUAL - \$25

DUES: \$ _____

FAMILY - \$40

ADDITIONAL DONATION (TAX DEDUCTIBLE): \$ _____

LIFE MEMBERS - n/a

TOTAL: \$ _____

note: membership runs from April 1st to March 31st of each year

PLEASE MAKE CHECKS PAYABLE TO: DURHAM HISTORIC ASSOCIATION

MAIL TO: DURHAM HISTORIC ASSOCIATION c/o DURHAM TOWN OFFICES, 8 NEWMARKET ROAD, DURHAM, NH 03824

Please return this form with your payment