

THE BELMONT HISTORICAL SOCIETY, INC.

Post Office Box 125

Belmont, MA 02478

MEMBERSHIP FORM

We / I hereby apply for membership in the Belmont Historical Society, Inc. for the fiscal year beginning 1 June.

Name: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____

Date: _____

Please select your application type:

New Member

Renewing Member

Please indicate the membership level that you are requesting (dues in parentheses):

Individual Member (\$20.00 per member)

Family Membership (\$35.00 per family)

Sponsor Member (\$75.00 per member)

Corporate Member (\$200.00 per member)

Life Member (\$250.00 per member)

If you would like to make an additional contribution to the Belmont Historical Society, Inc., please enter the amount here: \$ _____

Please enter the total amount that you are donating (including dues): TOTAL \$ _____

Note: Contributions to the Belmont Historical Society are tax deductible.

Please make all checks payable to the **Belmont Historical Society, Inc.** and mail this form, along with your check, to the address below:

Belmont Historical Society, Inc. – Membership

Post Office Box 125

Belmont, Massachusetts 02478

If you have any questions or if you would like further information, contact us:

By Phone: 617-993-2878

By E-Mail: belmonthistory1859@gmail.com