

Cramerton Historical Society Membership Form

Type of membership: *

New Member

Membership Renewal

Name *

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

E-mail *

example@example.com

Primary Phone Number *

Can this number send and/or receive text messages?

YES

NO

Secondary Phone Number

Can this number send and/or receive text messages?

YES

NO

Do you have any special talents to offer?

Are you willing to serve on any committees? [If maybe, comment below]

YES

NO

MAYBE

Do you like to donate or loan any documents or artifacts? [If yes, comment below]

YES

N/A

Comments

Signature Date



Month Day Year