



If you are not a member of the society, it is our pleasure to invite you to enroll as member of the New Market Historical Society, Inc.

Name(s) _____ Number 1796- _____

Street Address/ P.O.Box _____

City, State, Zip _____

Telephone _____

Electronic Mail Address _____

Date Submitted _____

Historical Interests _____

How did you find out about us? _____

Please choose one of the following options

- _____ Individual \$ 25.00
- _____ Family(list names above) \$ 35.00
- _____ Life \$350.00

Cash or checks payable to the New Market Historical Society, Inc. are accepted with the membership form for all new members. Dues are for the calendar year and are payable by March 31st each year. Please make checks payable to:

New Market Historical Society, Inc.
Post Office Box 141
New Market, Virginia 22844

RECEIPT

Received from _____, this date _____,

for the amount of _____.

_____, Treasurer Number 1796- _____

New Market Historical Society, Inc.
P. O. Box 141
New Market, Virginia 22844

Website: www.newmarkethistoricalsociety.org
E-mail address: nmhs@newmarkethistoricalsociety.org

The New Market Historical Society is a 501(c)3 organization.