



KILLINGWORTH *Historical Society*

Membership Application and Dues June 1, 2020 - May 31, 2021

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Membership Type	Annual Dues	Additional Contributions
<input type="checkbox"/> Individual	\$15	Matching Gift Program \$ _____
<input type="checkbox"/> Family.....	\$25	Company _____
<input type="checkbox"/> Business/Professional.....	\$50	Contribution \$ _____
<input type="checkbox"/> Life (Individual)	\$150	

Please make checks payable to:
Killingworth Historical Society
P.O. Box 707
Killingworth, CT 06419

Dues and contributions may be tax deductible. Thank you for your support.

I would like to help the Historical Society in other ways; please contact me about volunteer opportunities.
My areas of interest are (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Archiving | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Oral History Project | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Property Stewardship & Maintenance | <input type="checkbox"/> Other: _____ |

I prefer to be contacted by: Email Phone