



Membership Form

The Executive Board Members and the Membership Committee personally extend an invitation to enjoy all the privileges of membership by joining today!

Check the level of membership you want:

☐ Individual \$25 ☐ Dual \$45 ☐ Family \$50 ☐ Senior \$20 ☐ **LIFE Membership** \$500.00

☐ Corporation Business \$250.00 minimum

☐ Small Business \$100.00 minimum

Subtotal: \$ _____

I have enclosed an additional contribution of: \$ _____

Your Information - PLEASE PRINT

TOTAL ENCLOSED: \$ _____

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Land Line:** _____

E-mail address: _____

VISA/MC #: _____

Exp. Date: ____/____/____

Signature: _____

Make checks payable to: Friends of Pennypacker Mills

Mail to:

FRIENDS of PPM

5 Haldeman Road

Schwenksville, PA 19473

Gift Membership

Is this membership a gift? ☐ yes ☐ no

If yes, please be sure to fill out the information in this box as well as YOUR information.

Gift #1

Name: _____

Address: _____

City: _____

State: _____ **Zip** _____

Cell Phone: _____

Land Line: _____

E-mail: _____

Membership Level: _____