**Please make membership check payable to the**

**Whitehall Historical Preservation Society**

 **and send to:**

**Whitehall Historical Preservation Society**

**P.O. Box 39**

**Whitehall, Pennsylvania 18052-0039**

**Membership Application**

** Invest in Whitehall’s Heritage **

**Student…………………….$ 8.00**

**Individual………………….$15.00**

**Family………………………$25.00**

**Sponsor……… .$50.00 - $99.00**

**Patron………….$100.00 and over**

*Memberships are valid for one fiscal year, renewable in*

*November. All memberships are tax deductible to the extent provided by law*.

**Telephone: 610-776-7280**

**Please Print:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*First Name Middle Initial Last Name*

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Area Code Number*

**Email my newsletter (Yes) (No)**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**