

APPLICATION FOR MEMBERSHIP HISTORICAL SOCIETY OF EAST PENNSBORO

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____

- | | |
|--------------------------------------------|---------|
| <input type="checkbox"/> MEMBER | \$10.00 |
| <input type="checkbox"/> FAMILY | \$20.00 |
| <input type="checkbox"/> SUPPORTING MEMBER | \$50.00 |

Checks can be made out to HSEP and mailed to:

HSEP

PO BOX 195

ENOLA, PA. 17025-0195