



MEMBERSHIP APPLICATION

Contact Information

Name: _____

Address: _____

Home Tel # _____ Cell Phone # _____

Email Address _____

Membership Fee

Individual	\$15 / year
Family	\$25 / year
Contributing	\$30 / year
Sustaining	\$50 / year

Please be aware that many corporations
will match contributions given to
501(c)(3) organizations.

Please make checks payable to “New Providence Historical Society.” Mail to:

New Providence Historical Society
c/o New Providence Memorial Library
377 Elkwood Avenue
New Providence, NJ 07974

I'm interested in helping with...

- | | |
|---|--|
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Archival Research | <input type="checkbox"/> Ground & Facility Maintenance |
| <input type="checkbox"/> Speaker Programs / Trips | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Tours | <input type="checkbox"/> Other _____ |