



# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

## Contact Information

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

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

Home Tel # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

## Membership Fee

Individual                      \$15 / year  
Family                            \$25 / year  
Business Sponsorship      \$35 / 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 _____                   |