



## MEMBERSHIP FORM

**Primary Member Name:**

**Secondary Member Name:**

*For Family & Friends level memberships and above.*

**Street Address:**

**City:**

**State:**

**Zip:**

**Primary Member Email Address:**

*Required to receive digital membership card, e-newsletters, and electronic receipts.*

**Secondary Member Email Address:**

*Required to receive digital membership card, e-newsletters, and electronic receipts.*

**Primary Member Phone Number:**

**This is a:**

New Membership

Membership Renewal

**At the following level:**

Individual (\$60)

Benefactor (\$150)

Student (\$30)

Sustainer (\$300)

Educator (\$40)

Historian (\$500)

Family & Friends (\$100)

1729 Society (\$1,000)

***Flip Over for Payment Information***

**Payment Information**

I am enclosing a check (made payable to LancasterHistory).

Please charge my credit card:

AMEX          VISA          MasterCard          Discover

Credit Card Number:

Exp. Date:          CVV:          Signature:

*\*This transaction will appear on your card statement from LancasterHistory.*

**Please mail this form to:**

LancasterHistory  
Attn: Membership  
230 N. President Avenue  
Lancaster, PA 17603

***Thank you for your membership, and welcome!***