



## MEMBERSHIP APPLICATION

Membership Categories:

Individual \$ 15.00

Family \$ 25.00

Business/Group \$ 35.00

Contributing \$ 100.00

Individual Life \$ 250.00

I enclose \_\_\_\_\_ for annual membership dues for the category indicated above.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Please make check payable to: **Rocky Hill Historical Society**

Please send check and completed form to:

Ms. Gladys Sztupak  
Membership Chairperson  
Rocky Hill Historical Society  
P.O. Box 185  
Rocky Hill CT 06067-0185

*Thank you!*