

TRUST MEMBERSHIP FORM

	Date:
Are you already a member?	☐ No but I'd like to join☐ Yes I am a current member
Choose membership level:	☐ Individual \$30☐ Couple \$50☐ Corporate \$120☐ Individual Life \$500
YOUR INFO	SPOUSE/PARTNER INFO
YOUR INFO Name:	SPOUSE/PARTNER INFO Name:
Name:	Name:
Name:	Name:
Name: Address: City:	Name:Address:

Please make your check payable to *Somerset County Historical Trust, Inc.* and mail with this form to:

SOMERSET COUNTY HISTORICAL TRUST

Attn: Membership PO Box 863 Princess Anne, MD 21853

Thank you!