

## Marvin Historical Society, Inc.

### Membership Application

#### Applicant Information

Full Name:

Address:

City, State, ZIP:

Phone Number:

Email Address:

#### Membership Type (check one)

Individual Membership

Family Membership

Founding Membership

America250 Membership

#### Volunteer Interests (optional)

Historical Research

Event Support

Collections & Archives

Education & Outreach

Fundraising & Development

Other (please specify):

#### Donation (optional)

I would like to include an additional donation of: \$\_\_\_\_\_

**Agreement**

I affirm that the information provided is accurate and that I support the mission of the Marvin Historical Society, Inc. to preserve and promote the history and heritage of Marvin, North Carolina.

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

**For Office Use Only**

Date Received:

Payment Method:

Amount Paid:

Membership Start Date:

Entered By: