



Annual Membership : \$25.00

New Member _____

Date: _____

Member Renewal _____

Contact: nolensvillehs@gmail.com

<https://nolensvillehistoricalsociety.org/membership>

Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: Home _____ **Cell** _____

Email: _____

Paid \$ _____ **By: Check #** _____ **Cash** ____ **PayPal** ____

WOULD YOU LIKE TO RECEIVE NOTIFICATIONS VIA: Mail ____ Email ____

Complete the form and click the "Submit Form" button. Then remit payment either by clicking the PayPal Check out button or mail check to NHS 7248 Nolensville Rd., Nolensville, TN 37135

New Member _____ **Member Renewal** _____

Second Member in the same household:

Name: _____

Phone: Home _____ **Cell** _____

Email: _____

WOULD YOU LIKE TO RECEIVE NOTIFICATIONS VIA: Mail ____ Email ____