



**Annual Membership :**

**Individual \$25.00 Family \$40.00**

**New Member  Member Renewal**

**Contact:** nolensvillehs@gmail.com

<https://nolensvillehistoricalsociety.org/membership>

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Paid \$** \_\_\_\_\_ **By: Check #** \_\_\_\_\_ **Cash**  **Credit**

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

*Complete the form and remit payment either by clicking the Pay button or send check or mail a check to NHS 7248 Nolensville Rd. Nolensville, TN 37135*

**Reset Form**

**Submit Form**

submit form then make payment



**New Member**  **Member Renewal**

**Second Member in the same household:**

**Name:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email:** \_\_\_\_\_

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