

BLACKSTONE VALLEY HISTORICAL SOCIETY

MEMBERSHIP FORM

MEMBERSHIP CATEGORIES

\$ 35 Family

\$ 25 Individual

I would like to make an additional contribution to the BVHS

Contributions to BVHS are Tax Deductible **Amount Enclosed:** _____

Member Name(s): _____ Amount Enclosed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

How would you like to receive the BVHS newsletter **The Landmark** and notifications? US Mail E-mail

Please check areas where you would like to help

Membership Newsletter Publicity Program Hospitality (baking or bringing refreshments)

Please make your check payable to: **BVHS**

Please mail your check to:

**BVHS – Membership
P. O. Box 125
Lincoln, RI 02865**

Thank you for your support.