



OLD BRIDGEWATER HISTORICAL SOCIETY

Museum Building
162 Howard Street – PO Box 17 –
West Bridgewater, MA 02379
Telephone: (508) 559-1510
membership@oldbridgewater.org

MEMBERSHIP FORM

Please mail this form along with your payment to the above address.

MY INFORMATION (REQUIRED)

Please enroll me as a member. My annual dues of \$20 are enclosed.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Please send my newsletters via E-mail Postal Mail Both E-mail and Postal Mail

RECIPIENT INFORMATION (OPTIONAL)

As my gift, please enroll this person as a member. Their annual dues of \$20 is enclosed.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Please send newsletters to my recipient via E-mail Postal Mail Both E-mail and Postal Mail

BECOME INVOLVED

I wish to make an additional contribution in the amount of \$_____, which is enclosed.

The OBHS is a non-profit 501(c)(3) public charity. As such, your donation is tax-deductible.

I want to volunteer with the Old Bridgewater Historical Society. Please contact me.

Please contact me regarding how I might leave tax-deductible estate funds and/or property to the Old Bridgewater Historical Society.

PAYMENT

Enclosed is a check or money order made payable to the *Old Bridgewater Historical Society*.

Please charge my credit card: MasterCard Visa Discover American Express

Credit Card Number: _____ Exp: ____/____

Billing Zip Code: _____ CVV: _____ Authorized Amount: \$_____

Signature: _____