



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 an individual member. My annual dues of \$20 are enclosed. OR
- Please enroll me as a student member. My annual dues of \$10 and a copy of my current student ID 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

ADDITIONAL HOUSEHOLD MEMBERS

- Please enroll these family members that live at my residence. Their dues of \$10 each is enclosed.

First Name: _____ Last Name: _____

Phone: (_____) _____ - _____ Email: _____

First Name: _____ Last Name: _____

Phone: (_____) _____ - _____ Email: _____

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: _____