

MEMBERSHIP FORM

Date _____

Renewal

New Member

Membership Type: Individual - \$10.00 Family - \$20.00 Honorary (age 80 & over) - Free

Name _____

Address _____

Phone _____ Email _____

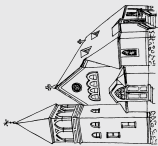
Additional Gift: Scholarship Fund \$ _____ General Stannard House Restoration Fund \$ _____
(tax-deductible) Additional Society Donation \$ _____ Friends of Milton Cemeteries Fund \$ _____

Total Enclosed \$ _____ *Thank You!*

Please return completed form to: Milton Historical Society, 13 School Street, Milton, VT 05468

Membership acknowledgments will be emailed unless otherwise requested. Please send my membership acknowledgment by U.S. Mail.

Please see reverse side for volunteer opportunities.



VOLUNTEER OPPORTUNITIES

Please contact me about *(check any that apply)*:

- Guiding visitors at the Historical Museum
- Helping to restore Milton's cemeteries
- Caring for Historical Museum collections
- Assisting with genealogical research
- Museum building & grounds projects
- Community outreach/publicity/fundraising
- Providing refreshments for historical programs
- Other _____