

# MEMBERSHIP FORM

Date \_\_\_\_\_

Renewal

New Member

**Membership Type:**  Individual - \$15.00  Family - \$30.00

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

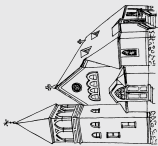
**Additional Gift:**  Scholarship Fund \$ \_\_\_\_\_  Friends of Milton Cemeteries Fund \$ \_\_\_\_\_  
(tax-deductible)  Additional Society Donation \$ \_\_\_\_\_  General Stannard House Restoration Fund \$ \_\_\_\_\_

**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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Guiding visitors at the Historical Museum | <input type="checkbox"/> Museum building & grounds projects             |
| <input type="checkbox"/> Helping to restore Milton's cemeteries    | <input type="checkbox"/> Community outreach/publicity/fundraising       |
| <input type="checkbox"/> Caring for Historical Museum collections  | <input type="checkbox"/> Providing refreshments for historical programs |
| <input type="checkbox"/> Assisting with genealogical research      | <input type="checkbox"/> Other_____                                     |