



CHARLESTOWN HISTORICAL SOCIETY

Membership Form

Date: _____

Name: _____ Profession: _____

Address: _____

Telephone: _____ Fax: _____ E-Mail: _____

New Member Renewal I am already a Life Member

With your membership you will receive:

- Periodic Newsletter
- Meetings with Guest Speakers
- Educational Programs
- *as well as* the opportunity to participate in the *new* Bunker Hill Museum

Dues: *(please check appropriate box)*

- \$25 Individual \$35. Family
 \$10. Junior *(15 - 19 yrs.)* \$10. Senior *(65 yrs. and over)*
 Additional Donation *(tax exempt)* \$ _____

Make check payable to:

Charlestown Historical Society
P. O. Box 291776
Charlestown, MA 02129

Committees: *(Your participation and ideas, are greatly appreciated. Please check or add your areas of interests. Thank you.)*

- | | | |
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| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Programs | <input type="checkbox"/> Fund Raising Campaign |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Historical and Educational |
| <input type="checkbox"/> Curatorial | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Legal, Finance, Insurance | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Membership | <input type="checkbox"/> Information Technology |

To learn more about CHS, please visit our web site:

www.charlestownhistoricalsociety.org