

Murfreesboro Historical Association, Inc.

MEMBERSHIP FORM

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Membership Type

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual \$25 | <input type="checkbox"/> Student \$20 | <input type="checkbox"/> Educator \$20 |
| <input type="checkbox"/> Business \$250 | <input type="checkbox"/> Patron \$300 | <input type="checkbox"/> Corporate \$500 |
| <input type="checkbox"/> Family \$35 | <input type="checkbox"/> Life Member \$1000 | <input type="checkbox"/> Sponsor \$100 |
| <input type="checkbox"/> Benefactor \$1500 | | |

- My employer is a matching gift company
 Enclosed is a gift to MHA's endowment
 Please contact me regarding a gift to the endowment

Make checks payable to:

Murfreesboro Historical Association, Inc.

Or charge on: MasterCard Visa

Card # _____ Exp: _____ / _____

3 digit security code on back of card : _____ (MM/YY)

Billing Info (if different from above):

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Signature: _____

Mail form and payment to:

Murfreesboro Historical Association, Inc.

Post Office Box 3

Murfreesboro, North Carolina 27855