

# DORMONT HISTORICAL SOCIETY

## MEMBERSHIP APPLICATION

Please print this form, fill it in, and then mail it to us for processing.  
Do not forget to include your payment along with the application.

### DO NOT SEND CASH

Send check made payable to "Dormont Historical Society"  
2832 Espy Ave, Pittsburgh, PA 15216

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**Type of Application:** \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Membership #

#### Personal Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ eMail address: \_\_\_\_\_

#### Fees:

\_\_\_\_\_ (#) Individual @ \$10.00 each = \_\_\_\_\_  
\_\_\_\_\_ (#) Family @ \$10.00 each \_\_\_\_\_  
\_\_\_\_\_ (#) Businesses @ \$25.00 each = \_\_\_\_\_  
\_\_\_\_\_ (#) Organization @ \$25.00 each = \_\_\_\_\_  
\_\_\_\_\_ (#) Gift Membership @ \$5.00 each = \_\_\_\_\_  
Total Due: \$\$ \_\_\_\_\_

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**Business or Organization Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact Name and Phone:** \_\_\_\_\_

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**Gift Recipient Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

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For each membership requested, please print and complete a separate copy of this form.

~ DHS Membership Application ~