

Acton Historical Society, Inc.

P.O. Box 2389 Acton, Massachusetts 01720 978-264-0690

MEMBERSHIP FORM

| To become | a member of the Society please | e complete the form be | elow. |
|-------------------------------|--------------------------------|------------------------|------------------------------|
| Name: | | | _ |
| Address: _ | | | _ |
| Phone Nun | nber: | | _ |
| Email Add | ress: | | _ |
| Membersh | nip Dues: | | |
| Family | \$30.00 | \$ | |
| _ Individual | \$20.00 | \$ | |
| Student | \$ 8.00 | \$ | |
| Additional | Gift to the Society | \$ | |
| Total Amo | ount Enclosed | \$ | |
| I would like to volunteer for | | | Please contact me. |
| to: | | ton Historical Society | and return it with this form |

Membership dues and gifts to the Society, a 501(c)3 organization, are tax deductible as allowable by law. Questions? Please call us at (978) 264-0690 or <a href="mailto:email