

Newbury Historical Society Membership Form

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

_____ Yes, I'd like to become an NHS member

MEMBERSHIP LEVEL

Individual () \$10

Family () \$20

Additional Donation

() \$50

() \$100

() \$150

() \$250

() Surprise us \$ _____

_____ Yes, I'm interested in volunteering with Newbury Historical Society. Please contact me. Phone number: _____

Please fill out and return to:

Newbury Historical Society, P.O. Box 176, Newbury, NH 03255