

Name: Mr. Mrs. Ms. _____

Spouse or Partner: Mr. Mrs. Ms. _____

Address _____

City/State/Zip _____

Telephone (_____) _____

E-Mail _____

- Enclosed is a check made out to The Historical Society of the Town of Warwick
- Please charge my membership to my Visa or Master Card account

Account # _____ Expiration Date _____ V-Code _____

Signature _____

Select your membership level:

- | | |
|--|----------|
| <input type="checkbox"/> Student | \$10 |
| <input type="checkbox"/> Individual | \$ 60 |
| <input type="checkbox"/> Household/Dual | \$ 120 |
| <input type="checkbox"/> Senior Individual (62+) | \$ 45 |
| <input type="checkbox"/> Senior Dual | \$ 60 |
| <input type="checkbox"/> Business/Contributor | \$ 150 |
| <input type="checkbox"/> Donor | \$ 250 |
| <input type="checkbox"/> Patron | \$ 500 |
| <input type="checkbox"/> Benefactor | \$ 1,000 |

Membership Form

Thank you for your membership support.
Membership entitles you to a
10% discount at the Gift Shop at Baird's Tavern,
and discounted tickets to Society events.

I am interested in volunteering for

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Archives |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Artifacts |
| <input type="checkbox"/> Education | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Buildings & Grounds | <input type="checkbox"/> Costumes |

For more details about each volunteer area please go to our web site at warwickhistoricalsociety.org or call (845) 986-3236.