

**Lycoming County Historical Society
MEMBERSHIP FORM**



MEMBERSHIP:

- I would like to support the Lycoming County Historical Society with my membership.**
- Individual Membership - \$50.00 a year
 - Family Membership - \$65.00 a year
 - Patron Membership - \$100.00 a year
 - Membership amount enclosed \$ _____**
 - Business Membership - \$100.00 a year
 - Business Patron Membership - \$250.00 a year

IN ADDITION TO MY MEMBERSHIP:

- I wish to make an additional gift to support the work of the Historical Society.**
- \$100
 - \$250*
 - \$500*
 - Surprise us!*
- Additional gift enclosed \$ _____**

- I wish to support the Historical Society by setting up a recurring monthly contribution via my credit card.**
My monthly contribution will be \$10 \$20 \$40 Other _____ (minimum \$10).
The charge will continue until you notify the Museum of your wish to discontinue monthly payments.

**Donations over \$250 qualify for Michael Ross Society recognition.*

- My payment, for membership and additional gift amount, is enclosed: \$ _____.
- Total, for membership and additional gift amount, to be charged to my credit card: \$ _____.
- I am also a monthly contributor. I understand that my credit card will be charged each month for the amount indicated on the reverse side.

Print Name: _____

Address: _____

Email: _____ Telephone # _____

VISA/MasterCard/Discover Card # _____

Exp. Date: _____ CVC#: _____

Signature required for credit card authorization: _____

Mail this completed form to: LCHS, 858 West Fourth Street, Williamsport, PA 17701 (Do not fax or email credit card information)

Renewals and new memberships may be processed online at www.tabermuseum.org

