

Membership Application / Dues Renewal  
Hancock Historical Society

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Membership Type and Number of Years**

Individual:

\_\_\_\_\_ Single (\$10/ year)      \_\_\_\_\_ Family (\$15/year)      \_\_\_\_\_ Lifetime (\$150)

Business:

\_\_\_\_\_ \$50 Bronze      \_\_\_\_\_ \$100 Silver      \_\_\_\_\_ \$250+ Gold

**\*\*NEW\*\*      Give someone a gift they will REMEMBER !**

Name	Address	Type and # of Years
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Total Amount Remitted \$ \_\_\_\_\_

Please mail and make checks payable to:      **Hancock Historical Society**  
PO Box 164  
Hancock, MD 21750

Thanks for your support!