



THE PLYMPTON HISTORICAL SOCIETY  
189 MAIN ST  
P.O. BOX 21  
PLYMPTON, MA 02367  
WWW.PLYMPTONHISTORICALSOCIETY.COM



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## 2019 MEMBERSHIP RENEWAL

### THERE ARE SEVERAL WAYS TO RENEW:

- ★ Go to [www.plymptonhistoricalsociety.com](http://www.plymptonhistoricalsociety.com) and click on the Membership tab and the “contact us” link. In your message please include the required information from the Membership Form. You can make your payment using Paypal, Debit, or Credit card by clicking on the yellow “Donate Now” button on the home screen. Please include your name and contact info in the notes section.
- ★ Fill out this form and send it with your payment made out to Plympton Historical Society to the P.O. Box above.
- ★ Bring your completed form and payment to the meeting on Saturday, October 20, 2018 (we will have extras if you forget!)

### *Membership Categories*

SENIOR INDIVIDUAL \$10	INDIVIDUAL & SENIOR FAMILY \$15
FAMILY \$25	DONOR \$50
SPONSOR \$100	LIFETIME \$500

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### ALL MEMBERSHIPS RECEIVE THE FOLLOWING BENEFITS:

- ★ INVITATIONS TO EXCLUSIVE MEMBERS-ONLY EVENTS, RECEPTIONS, AND PARTIES
- ★ FREE OR REDUCED ADMISSION TO SELECTED EVENTS, LECTURE, AND PROGRAMS
- ★ ALL MEMBER MAILINGS, NEWS, AND ANNOUNCEMENTS
- ★ ACCESS TO THE SOCIETY’S WEBSITE
- ★ 10% DISCOUNT ON RENTAL FEES FOR FUNCTIONS, EVENTS, AND PARTIES
- ★ 10% DISCOUNT ON SHOP MERCHANDISE
- ★ MEMBERSHIP CARD

# MEMBERSHIP APPLICATION

NAME(S): \_\_\_\_\_

MEMBERSHIP TYPE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

WHAT ARE YOUR INTERESTS? *Circle as many as apply*

- |                            |                                 |
|----------------------------|---------------------------------|
| ARCHIVES                   | ANTIQUE HOUSES                  |
| FUNDRAISING/DEVELOPMENT    | GARDENS                         |
| MUSEUM COLLECTIONS         | LANDS PROGRAM                   |
| HISTORIC CLOTHING/TEXTILES | RESEARCH                        |
| DOCENT/TOUR GUIDING        | SPECIAL EVENTS                  |
| SCHOOL PROGRAMS            | RECEPTION/PHS BUILDING STAFFING |
| OTHER: _____               |                                 |

*For Office Use only:*

*Entered in Membership files, Date, Initials:* \_\_\_\_\_

*Date Paid:* \_\_\_\_\_ *Membership Level:* \_\_\_\_\_

*Method of Payment: Cash* \_\_\_\_\_ *Check* \_\_\_\_\_ *Other* \_\_\_\_\_

*Amount Paid:* \_\_\_\_\_

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*Membership Receipt of Payment: \$* \_\_\_\_\_ *was paid to the PHS*  
*on* \_\_\_\_\_ *for* \_\_\_\_\_ *(type of membership) with*  
*Cash* \_\_\_\_\_ *Check* \_\_\_\_\_ *Other* \_\_\_\_\_ *The Membership is valid for the 2019 Calendar Year.*