



Membership Application

Annual DUES (November to November)

*Please check the appropriate membership level of your choice. We have 501(3) status.

INDIVIDUAL.....	\$25.00	
FAMILY OR SUPPORTIVE.....	\$40.00*	ie. DVD
BUSINESS OR PROFESSIONAL.....	\$100.00*	ie. DVD
BENEFACTOR.....	\$250.00*	ie. DVD
LIFE.....	\$750.00*	or more
OTHER.....	\$_____	

Name(s): _____

Address: _____

_____ ZIP: _____

Telephone: H(____)____-____ W(____)____-_____

Email: _____

Thank You for joining EPHA. An organization is only as strong as its members. There are many areas in our organization where enthusiasm, skills and dedication will be invaluable to preserve our historic corridor communities and resources. What would YOU like to contribute to EPHA?

Activities/Tasks you want to be involved in: (membership NOT required):

____ Help with History Programs: ____ Summer ____ Winter

____ Help setup/cleanup Displays at museum or Programs

____ Have pictures or stories to share with museum or programs

____ Bench donation or other specific fund or use

____ 1-4 hour docent at museum (Help us keep the door open!!)

____ Learn to archive and catalogue

____ Help at museum office

____ Other:

Office use only: ID# _____ Renewal Date: _____ PAID: Cash ____ Check _____

DVD: _____ PPDB: _____ Amount: _____