

JAMESTOWN HISTORICAL SOCIETY MEMBER APPLICATION



Name _____
(Spouse/Other) _____
Address _____
City _____
State _____
Zip _____
Telephone _____
Cell phone _____ (Cell phone 2) _____
*Email _____
(Email 2) _____

MEMBERSHIP TYPE

Annual (July 1- June 30):

- ____ Student (\$15)
- ____ Individual (\$25)
- ____ Family (\$40)

Life:

- ____ Individual Patron (\$500)
- ____ Family 1657 Society (\$1,000)

Send check with this form to:

Jamestown Historical Society, PO Box 156, Jamestown, RI 02835

*Note that it is important that the JHS has your email address as almost all invitations, announcements of events, and other communications are sent by email. We do not share our email list with outside organizations.