

Jermyn Historical Society

520 Washington Avenue

Jermyn, PA 18433

Membership Application

Name _____

Street Address _____

City-State-Zip _____

Telephone _____

Email _____

MEETING NIGHT - 1ST SUNDAY AT 7:00 PM

NEW MEMBERSHIP/MEMBERSHIP RENEWAL

YES, I WISH TO SUPPORT THE JERMYN HISTORICAL SOCIETY WITH MY:

() NEW MEMBERSHIP () MEMBERSHIP RENEWAL

MEMBERSHIP SELECTION:

() \$15 yearly dues or () \$_____ Donation

Make all checks payable to: Jermyn Historical Society.