

**SAYRE HISTORICAL SOCIETY, INC.
MEMBERSHIP APPLICATION**

- Please (1) Print out this membership form.
(2) Complete the application.
(3) Enclose your check for the amount of the category of membership chosen.
(4) Mail to:**

**Sayre Historical Society
P.O. Box 311
Sayre, PA 18840-0311**

MEMBER NAME(S)

STREET ADDRESS

CITY

STATE/ZIP CODE

PHONE NUMBER

(_____) _____

EMAIL ADDRESS (OPTIONAL)

DATE OF MEMBERSHIP/CATEGORY OF MEMBERSHIP/CHECK FOR DOLLAR AMOUNT

Date _____ /Category _____ /\$ _____

If this is a gift membership, how should the card read?

FROM _____

STREET ADDRESS

CITY

STATE/ZIP CODE

Thank you for helping the Sayre Historical Society's mission to collect, preserve and share the history of Sayre.