

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

- Please (1) Print out this membership form
(2) Complete the application form
(3) Enclose your check for the amount of the category or fill in the credit card
Information
(4) Mail to: Sayre Historical Society; PO Box 311, Sayre, PA 18840

MEMBER NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL: _____

PHONE NUMBER _____

DATE _____ MEMBERSHIP CATEGORY _____ \$ _____

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

FROM _____

STREET ADDRESS _____ CITY _____ STATE _____

ZIP _____

☞ ☞

Credit card number _____

Expiration Date _____ Security code _____

Your Phone number _____ Your email _____

We will contact you only if we have a question.

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