



Please complete the information, then detach and include with payment and mail to:

The Cumberland Historical Society
 Attn: Membership
 P. O. Box 82
 Cumberland Center, ME 04021

NAME(s) _____ DATE: _____

(Family membership must list all names in household) _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

Email Address: _____

Email Address: _____

NOTE: newsletters and correspondence are sent via email unless otherwise requested

***BUSINESS** (\$100) 1 Year Membership Company Name _____

Representative/Contact Person _____

***INDIVIDUAL** (\$20) 1-year membership 5-year membership save 20% \$80.00

***FAMILY** (Household) (\$50) 1-year membership 5-year membership save 20% \$200.00

***STUDENT** (Free) 1-year membership

@ school: _____ Expected graduation Year: _____

>>>Parent/Guardian of Student (signature) _____

I am interested in volunteering:

Record Keeping _____

Fundraising _____

Grant Writing _____

Open House/Program Greeters _____

Exhibit Prep _____

CHS booth/table staffing at events _____

Accessions _____

Serve on Board of Directors _____

Data Entry _____

Other interests I can share _____