

**APPLICATION FOR MEMBERSHIP
THE CHATHAM HISTORICAL SOCIETY**

NAME _____

ADDRESS _____

PHONE NO. _____

E-MAIL ADDRESS _____
(Optional, for Society use only)

MEMBERSHIP CATEGORIES

	<u>Single</u>	<u>Family</u>
<i>Sustaining Membership</i>	\$10.00	\$15.00
<i>Supporting Membership</i>	25.00	40.00
<i>Business Membership</i>		25.00

*Please make checks payable to The Chatham Historical Society and
return to:*

*Treasurer, Chatham Historical Society
P.O. Box No. 682
Chatham, New Jersey 07928*