

# MEMBERSHIP APPLICATION

Membership Year – January 1<sup>st</sup> to December 31<sup>st</sup>

Life Member (each person).....	\$500.00
Contributing Member.....	\$75.00
Household.....	\$30.00
Individual.....	\$25.00
Student.....	\$10.00

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Please make checks payable to The Lititz Historical Foundation, Inc. and send to:

The Lititz Historical Foundation  
P.O. Box 65  
Lititz, PA 17543

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address (I would like to receive my newsletter electronically) \_\_\_\_\_

***THANK YOU!***