Historical Society of Winslow Township Membership Application

Name:	_ Mailing Ad	Mailing Address (if different):	
Address:	_ Address:	Address:	
City:	City:		
State: Zip Code:	State:	Zip Code:	
Phone: () Cell Phone: ()			
Email Address:			
Membership is: ☐ \$10.00 per persor	per year	☐ New Membership	
	□ \$15.00 per family per year		
Make checks or M.O. Payable to: Historical Society of Winslow Township			
If this is a family membership, please write down the names of your family members: What brought you to the Historical Society of Winslow Township? Is your family originally from the area? If so, what was their name?			
What are your interest regarding the Historical Society of Winslow Township? (Check all that apply)			
☐ Railroad	☐ Family His	tories	
☐ Industries	☐ Cemeteries		
☐ Historic Preservation	☐ Other (expl	ain) —	
Memberships accepted at monthly meetings or Send form and payment to: Historical Society of Winslow Township P.O. Box 99 Winslow, NJ 08095			