

2026 MEMBERSHIP APPLICATION

Stewartstown Historical Society
P.O. Box 82
Stewartstown, PA 17363

Individual \$10.00 _____

Family \$15.00 _____

Student \$5.00 _____

Corporate \$25.00 _____

Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Email: _____

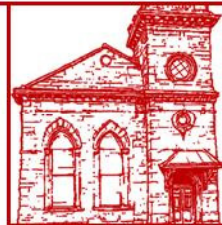
Telephone: _____ Newsletter: Print _____ Email _____

Would you be interested in volunteering for occasional projects? _____

Interests, ideas, skills, etc. that you would like to share with the society:

Consider an additional
donation to support
the Society.

Amount: \$ _____



Send this form with
check payable to:
*Stewartstown Historical
Society*

Total: Dues and Donation

\$ _____

Mail form with check
to :

Membership
Stewartstown Historical
Society
P.O. Box 82
STEWARTSTOWN, PA