

WILMOT HISTORICAL SOCIETY – MEMBERSHIP - Nov. 1, 2017 – Oct. 31, 2018

Name(s): _____

Mailing Address _____

E-Mail Address: _____ **Phone:** _____

Yearly membership - \$5 per person

_____ **Membership(s) x \$5 = \$** _____

I also wish to make a tax-deductible donation of \$ _____ **Total \$** _____

Please make check payable to: Wilmot Historical Society, P.O. Box 97, Wilmot, NH 03287