

Highspire Historical Society Membership Application

Please type or print legibly

Membership: New Renewal

Date: _____

Name: _____

Address: _____

E-mail Address: _____

Phone: _____ Cell _____

Mail completed form with a check for \$10.00
made out to the Highspire Historical Society to:

Highspire Historical Society

273 Second Street

Highspire, PA 17034