

SRH&PS Membership Application Form

Please check one: New Renewal Gift (from _____)

Please print your name clearly as it should appear on the membership listing:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

Check here and include a stamped, self-addressed envelope to receive a member card.

Check here and include your email above to receive your newsletter via email.

I would like to make an additional donation:

\$ _____ in honor of in memory of: _____

\$ _____ Scholarship Fund

\$ _____ Old School Baptist Church Cemetery Conservation Program

\$ _____ Doughboy/Monument Maintenance Fund

\$ _____ General Fund

Total amount enclosed: \$ _____ Cash Check (Please make checks payable to "SRH&PS, Inc.")

Send your application and payment to: **SRH&PS Membership**
P.O. Box 446
South River, NJ 08882

All dues and donations are tax-deductible.
Donations will be recognized in our newsletter.

ANNUAL DUES CATEGORIES

Please check one:

Adult \$10.00

Student \$5.00

Family/Couple \$15.00
(please enter number in family) _____

Business/Corporate \$25.00

Lifetime - Individual \$250.00

Lifetime - Family \$250.00
(One household/address)

Business Patron (Life) \$250.00

My company has a matching gift program.

Company name/address _____

As a tax-exempt corporation, the SRH&PS, Inc. is eligible to receive matching gifts. If your employer participates in such a program, please send a matching gift form with your membership donation and form. The Society's fiscal year is January 1 to December 31.

SRH&PS Donation Form

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Optional) _____ E-mail: (Optional) _____

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\$ _____ Old School Baptist Church Cemetery Conservation Program

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