

HIST 105 - Membership Form

Member Information

Name _____

Address _____

Email _____

Phone _____

New Member _____ Renewal _____

Membership Category _____

Additional Donation _____

Total Amount Enclosed _____

I am interested in helping the Historical Association through my will/estate planning. Please contact me at: _____

I am interested in volunteering for the Historical Association. Please contact me by phone or email (check one).

Please make checks payable to SCHA and mail to:

SCHA

P.O. Box 887

Spartanburg, SC 29304