

**WILMOT HISTORICAL SOCIETY – MEMBERSHIP RENEWAL - 2021**

**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**