

WILMOT HISTORICAL SOCIETY – MEMBERSHIP RENEWAL - 2024

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

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