



MEMBERSHIP APPLICATION

Memberships are based on the calendar year. Members joining mid-year will receive all publications for that year.

Name

Address

City / State / Zip

Phone

Email

Class of Membership & Dues:

Individual \$15.00

Family \$25.00

Patron \$50.00

Sponsor \$100.00

Indicate your membership class and mail your dues check to: FCHA, P.O. Box 289, Mt. Vernon, TX 75457

I would like to receive my newsletter via email.

2019 DUES

Please fill in the above contact information. Select membership class.

Dues for 2019 (Includes subscription to bi-monthly newsletter) \$ _____

Special tax deductible contribution for operations and maintenance: \$ _____

Special contributions may be designated as memorials or honorariums. Please list the name of the person memorialized or honored, and the name and address of the receipt for notice of your donation:

In Memory/In Honor of: _____

Notice to: _____

Total Enclosed: \$ _____

We need volunteers! Could you work an occasional four-hour shift at one of our museums or a few hours in the office?

Yes, call me to schedule. Phone# _____