

Membership Form

(Ms.,Mr.,Mrs.,Dr.) _____

Address _____

Tel _____ e-mail _____

I/we would like to volunteer, send information regarding opportunities.

My company will match my gift, enclosed is my matching gift form.

Payment \$ _____

Cash/Check Credit Card: MasterCard Visa AmEx (please circle one)

Credit card number _____ Exp. date _____

Verification Number _____ Signature _____

New

Renewal

Individual

\$40

Family/Household

\$60

Preservationist

\$100

Restorer

\$200

Stephen Earle Society

\$350

PRESERVATION WORCESTER, 10 CEDAR STREET, WORCESTER, MA 01609 508-754-8760