



## Membership Form

Name \_\_\_\_\_

Additional Names \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Questions/Comments/Suggestions \_\_\_\_\_

\_\_\_\_\_

Please print, complete, and mail this form with a check payable to Hartford Historical Society.

**Treasurer**  
**Hartford Historical Society**  
**BOX 547**  
**Hartford, VT 05047**