



# CARRABELLE HISTORICAL SOCIETY MEMBERSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Is this a cell? \_\_\_\_\_

Special Areas of Interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talents or Skills: \_\_\_\_\_

\_\_\_\_\_

## Choose a Membership

\$15 Individual \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

\$20 Family \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

\$35 Organization \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Check Payable to: Carrabelle History Museum and mail to: P.O. Box 0666,  
Carrabelle, FL, 32322.