

Please complete the following and send it along with your check to:

Hebron Historical Society
P.O.Box 43
Hebron, CT 06248

YOUR NAME _____

ADDRESS _____

TOWN _____

STATE _____ **ZIP** _____

PHONE NUMBER cell
Land line _____

EMAIL _____
Your email address helps us communicate without the expense of postage.

TYPE of MEMBERSHIP DESIRED

INDIVIDUAL(\$15.00) _____ **FAMILY (\$20.00)** _____

LIFETIME (one person)(\$100.00) _____

STUDENT ...LOCAL TEACHER (free) _____
Please list grade and school attending

Thank you