

**HENDERSON COUNTY
GENEALOGICAL &
HISTORICAL SOCIETY**



HCGHS Membership

- ▶ **DATE:** _____
▶ **PRINT CLEARLY PLEASE - NAME AS IT WILL APPEAR ON MAILING LABELS**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone No: _____

Provide an email address if possible. Meeting reminders & announcements are sent via email.

EMAIL address: _____

▶ **Select: ANNUAL – *OR* – LIFETIME**

Memberships are for one person or two people from the same family.

• **ANNUAL Calendar Year**

New Member Renewal

Individual, Family \$ 30

Contributor * \$ 50 **

Sponsor * \$ 100 **

• **LIFETIME**

Age 35 through 44 \$ 500

Age 45 through 54 \$ 400

Age 55 through 64 \$ 300

Age 65 + \$ 250

*** Amounts over \$30.00 annually
are tax deductible contributions.*

For office use only:

Amount received: _____ Check No. _____ Cash

Received by: _____ Date: _____

Thank You • *check payable to: HCGHS*

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