

SHAW ISLAND LIBRARY & HISTORICAL SOCIETY
MEMBERSHIP FORM

DATE: _____

NAME / NAMES: (Please Print Clearly)

Circle either: **L**: Lifetime / **A**: Annual

1. _____ L / A

4. _____ L / A

2. _____ L / A

5. _____ L / A

3. _____ L / A

6. _____ L / A

Where do you want your mail sent?

MAILING ADDRESS: _____
City, state, zip code _____

PHONE: _____

EMAIL: _____

TYPE OF MEMBERSHIP: (All memberships are individual.)

Lifetime \$50 per person for _____ memberships. cash/check \$ _____

Annual \$5 per person for _____ memberships. cash/check \$ _____
(Annual memberships run from June of payment year to July of the following year)

TOTAL \$ _____

I would like to make an additional contribution to:
The Shaw Island Library and Historical Society.

Please add my contribution of \$ _____ to:

Operating fund Endowment Designated Gift

All contributions are tax deductible

SHAW ISLAND LIBRARY AND HISTORICAL SOCIETY
BOX 844 SHAW ISLAND, WASHINGTON 98286