

2017
MEMBERSHIP FORM

SEA ISLE CITY HISTORICAL MUSEUM
4800 CENTRAL AVE
P.O. BOX 443
SEA ISLE CITY, NEW JERSEY 08243
609-263-2992

Membership Chairperson: ELEANOR M. MOORE

Name: _____
 First Middle/Middle Initial Last

Address: _____
 Street Number Street City/Town/Township State Zip Code

Please send check made out to SIC Historical Museum for \$10.00 per member and mail the check with this form to membership chairperson at above address.

Thank you for supporting the museum. (If you would like a membership card please enclose a self-addressed stamped envelope.)

Donations to Sea Isle City Historical Museum are greatly appreciated.
If you would like to send an additional donation, please fill in the amount.

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