**2024 MEMBERSHIP FORM**

**SEA ISLE HISTORICAL MUSEUM Membership Chairperson: Joyce Molter**

**4800 CENTRAL AVE**

**SEA ISLE CITY, NEW JERSEY 08243**

609-263-2992

seaislemuseum@gmail.com

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle/Middle Initial Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Number Street City/Town/Township State Zip Code

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

Please send check payable to **SIC Historical Museum** for $10.00 per member and mail with this form to membership chairperson at above address. If you choose to make an additional donation, please add to your dues. Thank You!

------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please detach the bottom portion of this form for your tax records.

Thank you. Sea Isle Historical Society and Museum is a Non-Profit Organization and your gift will help us preserve the history of Sea Isle and allow us to continue to educate those who visit the Museum.

We are truly grateful.  **SEA ISLE CITY HISTORICAL MUSEUM**

**4800 CENTRAL AVE**

Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SEA ISLE CITY, NEW JERSEY 08243**

609-263-2992

seaislemuseum@gmail.com

Joyce Molter

Joyce Molter, President