

Raynham Historical Society, Inc.

Membership Form

Name: _____

Address: _____

Telephone: _____

Email: _____

Date: _____

New membership: _____

Renewal: _____

Annual Dues (January-December): \$15.00

Family Membership (January-December): \$25.00

▷ *Please send check payable to:*

Raynham Historical Society, Inc.

PO Box 136

Raynham Center, MA 02768