



Membership Application

Please send completed form to

Membership, HSP
1300 Locust Street
Philadelphia, PA 19107-5699

By Fax: (215) 732-2680

Level of Membership *(Please check one):*

Research Single, \$60 (15 visits) Dual, \$90 (30 visits)
Patron (unlimited visits) Single, \$120 Dual, \$150
Philadelphian (unlimited visits) _____ Dual, \$500

Treasures Society

Treasurer _____ \$1,000
Curator _____ \$2,500
Steward _____ \$5,000
Conserver _____ \$10,000
Sustainer _____ \$25,000

Please use my entire contribution in support of HSP. I do not wish to have the benefits of membership at this time.

Please contact me about estate planning and deferred giving.

Amount enclosed \$ _____

Method of Payment:

____ Check (Make checks payable to the Historical Society of Pennsylvania)

____ Credit Card: ____ VISA ____ MasterCard ____ American Express

Account # _____ Expiration Date _____

Signature _____

Please print:

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone: _____

Questions? Please call 215-732-6200, ext. 235 or email us at membership@hsp.org

The official registration and financial information of The Historical Society of Pennsylvania may be obtained from the Pennsylvania Department of State by calling, toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Your membership contribution in excess of fair market value is deductible according to IRS regulations.