

QUONOHONTAUG HISTORICAL SOCIETY
P.O. Box 46
Charlestown, Rhode Island 02813

2024 MEMBERSHIP FORM

Name (s): _____

Summer Address:

_____ Landline Phone: _____

Winter Address:

_____ Landline Phone: _____

Cell Phone(s): _____

Email Address(es):

(Please include up to 2 current email addresses in order to receive notifications about our activities and programs. All prior email addresses are purged and only email addresses provided with the current application will be included in our database.)

1. _____

2. _____

Individual: \$20 _____ **Family: \$25** _____

Additional Donation in support of our work: \$ _____

**Please check with your employer as many have matching donation program.
Please make check payable to "Quonochontaug Historical Society".**

As a 501(c)(3) non-profit organization, donations to QHS are tax-deductible to the extent allowed by law.