



# The Colonel Davenport Historical Foundation

## Membership Application

\_\_\_\_ New

\_\_\_\_ Renewal

Mr.  Mrs.  Ms.  \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name(s) Phone

\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_ Individual - \$25

\_\_\_\_ Patron - \$50

Also enclosed is a gift membership for:

\_\_\_\_ Family - \$30

\_\_\_\_ Sustaining - \$100

\_\_\_\_ Senior(60 & over) - \$20

\_\_\_\_ Benefactor - \$500

\_\_\_\_ Student - \$15

\_\_\_\_ Life - \$2,000 (to be submitted to the Endowment Fund)

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

Also included is a tax deductible Donation in the amount of \$ \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_

Please send me information on volunteer opportunities. Please return with check in enclosed envelope.