

2024 Membership Application
Ewing Township Historic Preservation Society

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Annual membership dues:

- | | | | |
|---|------------|---------------------------------|-------|
| ❖ | \$10.00 | Student | _____ |
| ❖ | \$25.00 | Individual | _____ |
| ❖ | \$250.00 | Individual – Lifetime | _____ |
| ❖ | \$40.00 | Family | _____ |
| ❖ | \$400.00 | Family – Lifetime | _____ |
| ❖ | \$100.00 | Business/Corporate | _____ |
| ❖ | \$1,000.00 | Business/Corporate – Lifetime | _____ |
| ❖ | \$25.00 | Gift of Membership for a Friend | _____ |
| | | Name _____ | |
| | | Address _____ | |
| | | Email _____ | |

Additional Contribution to The Ewing Museum Campaign Fund _____

The fund is being used to purchase exhibits for the downstairs rooms and will help to make the building handicapped accessible.

* All contributions to the fund are tax deductible.

Total \$ Enclosed _____

Please make checks payable to ETHPS.

I am interested in helping with:

- _____ Archives & Collections
- _____ Fundraising
- _____ Gardening
- _____ Grant Writing
- _____ Hospitality
- _____ Newsletter/Website/Facebook
- _____ Oral histories
- _____ Preservation/Research
- _____ Programs
- _____ I have items to contribute to your collection.
- _____ I have a program to present.

Mail dues and application to:

ETHPS Membership
27 Federal City Road
Ewing, NJ 08638