

**2020 Membership Application**  
**Ewing Township Historic Preservation Society**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Annual membership dues:**

- |                         |            |       |
|-------------------------|------------|-------|
| • Student               | \$10.00    | _____ |
| • Individual            | \$25.00    | _____ |
| • Individual – Lifetime | \$250.00   | _____ |
| • Family                | \$40.00    | _____ |
| • Family – Lifetime     | \$400.00   | _____ |
| • Corporate             | \$100.00   | _____ |
| • Corporate – Lifetime  | \$1,000.00 | _____ |

**Additional Contribution**  
**to The Ewing Museum Campaign Fund** \_\_\_\_\_

Total \$ \_\_\_\_\_

**Please make checks payable to ETHPS.**  
*All contributions are tax deductible.*

**I am interested in helping with:**

- \_\_\_\_ Archives & collections  
\_\_\_\_ Oral histories  
\_\_\_\_ Preservation/Research  
\_\_\_\_ Membership  
\_\_\_\_ Program  
\_\_\_\_ Hospitality  
\_\_\_\_ Newsletter/Mailings  
\_\_\_\_ I would like to receive information from other historical groups.  
\_\_\_\_ I have items to contribute to your collection.

**Mail dues and application to:**  
**ETHPS Membership**  
**27 Federal City Road**  
**Ewing, NJ 08638**