



Membership Registration Card

Name(s): _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Membership Level: _____

Date: _____ Amount Enclosed: _____

Please make checks payable to *Waterville Historical Society*

MEMBERSHIP LEVELS

Individual:	\$ 25.00
Family:	\$ 50.00
Friend:	\$ 100.00
Patron:	\$ 500.00
Benefactor:	\$1,000.00
Corporate Sponsor:	\$2,500.00