



## FOHC MEMBERSHIP FORM

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Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

-----fold line

Please return completed Membership form and payment of dues to:

**Friends of Historic Camden  
25 South Main Street  
Camden, DE 19934**

Checks must be made out to "Friends of Historic Camden"

**New Member**

**Renewing Member**

Individual (\$20.00)     Lifetime (\$200.00)

Family (\$25.00)     Business (\$150.00)

Supporter (\$50.00)     Other (\$\_\_\_\_\_)