

APPLICATION

please print all information and return with payment.

please select mr. mrs. ms. miss dr. mr. & mrs.

name

address

city

state

zip

phone day

evening

email

family & grandparent members

please list names and birthdates of children 16 and under:

membership levels

- millard fillmore conservator collector
 supporting sustaining family
 grandparent individual student

if you are a teacher, please select

if applicable, please select 1 year 2 year 3 year

membership dues \$ _____

additional contribution \$ _____

total \$ _____

I would like to receive my membership renewal
via this email: _____

please select method of payment

- check enclosed, payable to BECHS mastercard visa

name on card

card no.

exp. date

signature

for office use only:

date received

amount

initials