

FCHA Membership Application 2018

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email (optional) _____

I prefer to receive the Quarterly by email. We need your email address to do this.

I am interested in volunteering with FHA:

At special events

At the museums once a month as a docent or greeter

FCHA does not sell or exchange email or membership lists. By signing below I give FHA permission to send email to me relating to membership or events.

Signature _____

Membership Levels:

___ Benefactor	\$1,000 and up
___ Patron	\$500
___ Supporter	\$250
___ Donor	\$100
___ Business	\$75
___ Household*	\$50
___ Senior Citizen Couple	\$35
___ Individual	\$25
___ Senior Individual	\$20
___ Student (6 - 18 yrs.)	\$10

**(Up to two adults & children residing in one household.)*

I am adding a donation of _____

Total amount enclosed _____

Make checks payable to Fairfield County Heritage Association or charge MasterCard, Visa or Discover card no.

Expires _____

Security Code (last 3 digits on back) _____

FCHA is a 501(c)(3) organization. Dues or donations may be tax-deductible under IRS guidelines. Please consult your tax professional.