## CARROLL COUNTY HISTORICAL SOCIETY MEMBERSHIP APPLICATION

- **Individual Membership** **$30 per year**
- **Family Membership** **$50 per year**

Date: _____, 20__

Name(s): _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

* Email Address(s): _____

**** Email addresses are important for receiving bulletins and announcements that we will be sending out concerning the Society activities between newsletters.***

Membership $_____ In Memory of _____

** Donation $_____ _____

**Total Paid $_____**

***** Donations to the Society will be used to fund preservation project in Carroll County. All these donations are Tax Deductible.***

**Members receive our Bi-Monthly newsletter The CCHS Journal**

**Mail to: Carroll County Historical Society**
**P.O. Box 1308**
**Carrollton, Ga. 30112**

Historical Society Contacts:

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|---|---|---|
| President: | Jack Crews | (770) 834-7906 |
| Vice President: | Scott Eldred | (770) 295-9789 or dsel65@gmail.com |
| Membership Director: | Helen Fay Lewis | |