

The 28th Pennsylvania Historical Association

Membership Application

Name _____
(Last) (First) (M.I.)

Address _____
(Street)

(City) (State) (Zip)

Phone _____
(Home) (Cell/Other)

E-Mail _____

Date of Birth _____

Membership Type

Place of Birth _____

____ Individual \$20/Year

Occupation _____

____ Family \$35/Year

Civil War Ancestor(s) _____

(Please provide any information you may have)

How did you hear about the 28th? _____

Emergency Contact _____
(Name) (Phone)

Any Existing Medical Conditions: _____

Signature _____

You may give your completed application and the appropriate fees to any officer of the 28th or mail it to the Treasurer at:

28th Pennsylvania Historical Association
Attn: Jack Braas
1639 Brookhaven Dr
Lancaster, PA 17601
717-640-7186 / jack.braas@gmail.com

