

MEMBERSHIP APPLICATION/RENEWAL

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

I would like to receive newsletters by:

MAIL or EMAIL

Please Select Membership Level:

Individual Annual Membership (\$25.00)

Family Annual Membership (\$35.00)



**SMYTH COUNTY
HISTORICAL SOCIETY**
**PRESERVING and PROTECTING
LOCAL HISTORY**

*The Smyth County Historical Society is a 501(c)(3)
non-profit organization*

Phone: 276-783-7286

Email: smythcountymuseum@gmail.com

Website: smythcountymuseum.org

123 East Main Street – P.O. Box 710

Marion, Virginia 24354

**I/We would like to make a donation (in
addition to dues) to help the Historical Society
further its mission.**

YES Amount: \$ _____

NO

*Please return this form & make checks payable to:
Treasure – SCHS, P.O. Box 710
Marion, Virginia 24354*

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