

Membership Application Form

_____ Individual (\$25) _____ Family (\$40) _____ Life (\$200)

\$ _____ Bryan-Andrew House Restoration Fund (Optional)

Name(s) _____

Address

Phone _____ Email _____

_____ I wish to volunteer as a museum docent or helper at the antique shop.

Please print, fill out, and mail to:

**Membership Committee
Orange Historical Society
P.O. Box 784
Orange, CT 06477**