

WARM MINERAL SPRINGS / LITTLE SALT SPRING ARCHAEOLOGICAL SOCIETY

P.O. Box 7797
North Port, FL 34290

Membership Application Form

Please print clearly

Date _____

Last Name _____ First Name(s) _____

Address – Local _____ City _____

State _____ Zip _____ Telephone _____

Address – Other _____ City _____

State _____ Zip _____ Telephone _____

Email Address _____

I would like to receive my newsletter by - Snail Mail _____ Email _____ Both _____

Membership Category

____ Student \$5 ____ Individual \$15 ____ Family \$20 MEMBERSHIP \$ _____

____ Patron \$25 ____ Business \$30 ____ Non-Profit \$30 DONATION \$ _____

____ Life \$250 ____ Benefactor \$1,000 TOTAL \$ _____

I AGREE TO ABIDE BY THE CODE OF ETHICS AND BY-LAWS OF
THE WARM MINERAL SPRINGS / LITTLE SALT SPRING ARCHAEOLOGICAL SOCIETY

Signature(s)

