



# Appalachian Memory Keepers Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Make Checks Payable to:**

**Appalachian Memory Keepers**

PO Box 34 - Jefferson, NC 28640

## ONE YEAR MEMBERSHIP:

INDIVIDUAL \$25

FAMILY \$50

PATRON \$

You decide any amount over \$50

STAFF ONLY:

Date Received