

Raleigh City Cemeteries Preservation, Inc.

Membership Application Form

YOUR CONTACT INFORMATION

Name/Company Name _____

Mailing Address _____

Telephone _____

Email Address _____

CHOOSE YOUR MEMBERSHIP LEVEL

- | | | | |
|-------------------------------------------|--------------|---------------------------------------------|-----------------------|
| <input type="checkbox"/> Individual | \$15 | <input type="checkbox"/> Patrons | \$500 |
| <input type="checkbox"/> Family | \$25 | <input type="checkbox"/> Life Members | \$1,000 and up |
| <input type="checkbox"/> Students/Seniors | \$10 | <input type="checkbox"/> Non-Profit/Assoc./ | |
| <input type="checkbox"/> Donors | \$100 | Organization | \$50 |

*Donations to support Raleigh City Cemeteries Preservation and its operation are welcome.
All Donations are tax deductible.*

MAIL THIS APPLICATION TO:

Raleigh City Cemeteries Preservation, Inc.
Post Office Box 33012
Raleigh, NC 27636