

**Membership Application**  
**The Seminole Historical Society**

**Mail to:**  
**Seminole Historical Society**  
**Membership Chairman**  
**8950 park Blvd. #401**  
**Seminole, FL 33777**

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

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

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

- New
- \$10.00 Family
- \$25.00 Civic Club or Organization
- \$25.00 Business
- \$100.00 Life

**Thank You!**