

IRVING HERITAGE SOCIETY

Membership Application and Contribution Form

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

(*E-mail will NOT be printed in the yearbook. Used only for organizational communications)

I prefer the newsletter online. _____ (OR) in printed form sent via US mail. _____

Annual Membership	Individual	Family
Regular	\$25 _____	\$25 _____
Senior (65+)	\$20 _____	\$20 _____
Student (6-18)	\$10 _____	\$10 _____
Corporate	\$250 _____	\$250 _____

Are you a New Member(s) _____ is this a Renewal(s) _____

Enclosed is my contribution of

\$ _____	In memory of: (name)	Address for acknowledgement card:
\$ _____	In Honor of: (name)	Address for acknowledgement card:
\$ _____	Celebrating: (name)	Address for acknowledgement card:
\$ _____	Other: (name)	Address for acknowledgement card:

Mail dues/contributions to: Irving Heritage Society P.O. Box 171572 Irving, TX 75017-1572

For any additional information or questions, call 972-252-3838.

www.irvingheritage.com