Portsmouth Historical Society
Membership Form

Name: __________________________________________
Address: __________________________________________
City: __________________ State: ______ Zip Code: ________
Email: __________________________ Phone: __________________________

Membership level:

☐ Individual $15.00  ☐ Corporate $75.00
☐ Family $25.00  ☐ Patron $100.00
☐ Contributing $50.00

Please mail this form with your check to:
Portsmouth Historical Society
P.O. Box 834
Portsmouth, RI 02871

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