



## Annual Membership

Initial Membership

Renewal Membership

Name:

*Last*

,

*First*

*Middle*

Mailing Address:

City:

State:

Zip:

E-Mail:

Phone #:        -        -

Date:

Youth to 18 Yrs: **\$5**

Patron        **\$100 - \$499**

Individual:    **\$25**

Conservator **\$500 - \$999**

Household:    **\$35**

Benefactor    **\$1000 +**

Contributor    **\$55**

I would like to make a one time Tax-deductible donation to the LHSM.

Amount: \$

In memory or honor of:

Mail to:        LHSM  
                  P.O. Box 175  
                  Locust, NC 28097

Email: [info@locustmuseum.com](mailto:info@locustmuseum.com)

Make Checks payable to "LHSM"

All donations to LHSM are Tax-deductable