

## FRIENDS OF BOILEAU FARMSTEAD MEMBERSHIP

We want to thank you for your interest in our organization; and we hope you will decide to become a member, or continue your membership, to help preserve this historic site in Upper Moreland Township.

The mission of the Friends is to protect, facilitate the restoration and preservation of the four structures on the circa 1740s Boileau Farmstead, and to promote their adaptive re-use.

With the shrinking of grant money our treasury is getting low and any additional donations submitted with your application would be greatly appreciated.

### Membership Benefits Include:

- Help in the restoration of the Boileau Farmstead
- Special Events
- A Quarterly Newsletter

**DUES AND DONATIONS ARE TAX DEDUCTABLE**

**NOTE:** Your Renewal date will appear to the right of your name on the address label on the *Newsletters* you will be receiving. If the date has *passed*, then your membership is due for renewal; and you should renew your membership immediately. If the date has *not yet passed*, then your membership is current!

**Thank You!!**

### Membership Application

## Friends of Nathaniel Boileau Farmstead, Inc.

Office: 117 Park Avenue, Willow Grove, Pennsylvania 19090

Farmstead: Byberry & Orangemans Roads, Upper Moreland Township

Please complete the form below indicating the type of membership you desire by checking the appropriate box. Make your check payable to "Friends of Boileau," and submit it with this *entire application* to the Office address shown above, marked *Attn: Boileau Membership*. Annual memberships are valid for one year from the month your application and payment are received.

### Please Select Your Desired Membership Category:

#### Annual Memberships

- Individual - \$15
- Family - \$30
- Student - \$5

#### Lifetime Memberships

- Individual - \$100
- Family - \$150

Additional Donation \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

**PLEASE PRINT CLEARLY ALL INFORMATION!**

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership Type: (*Check One*) Renewal \_\_\_\_ New \_\_\_\_

FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_

Form of Payment: Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_