

**ASSOCIATION FOR HISTORIC PRESERVATION
AND OPERATION OF ANTIQUE EQUIPMENT, INC.**

MEMBERSHIP APPLICATION

(Please Print Legibly)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

FOR OFFICIAL USE ONLY

Application Received:

Form of Payment:

Membership Number:

Member Since:

Annual Membership Dues \$25.00.

Please make check payable to "A.F.H.P."

Please mail completed application and check to P.O. Box 141, Glen Rock, PA 17327

For questions e-mail ~ Info@PreserveForTheFuture.com

www.PreserveForTheFuture.com