

HISTORICAL SOCIETY OF WEST POINT, VIRGINIA

Historical Society of West Point Membership Election Form

(Please Print)

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Type:

Individual \$25.00 _____ Family \$35.00 _____ Business: \$100.00 _____

Donation: \$ _____ (Please designate a purpose below, if applicable.)

Please make your check payable to HSWP and mail to:

The Historical Society of West Point

P.O. Box 1556

West Point, VA 23181

We thank you for your support!

P. O. Box 1556, 709 Main St., West Point, VA 23181
804-506-3134
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