

## AARCH Membership Application

Please fill out this form and mail along with your check to:

**AARCH Society**  
**PO Box 3903**  
**Frederick, MD 21705**

Checks should be made out to:

**AARCH Society**

Check one:

- Annual Membership (\$10)
- Lifetime Membership (\$100)

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Town/City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Contact Information:

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Check the following if you are willing to serve as a volunteer to help out with events in the future.

- Volunteer