

MEMBERSHIP APPLICATION

Yes, I would like to join the Coalition to Protect Maryland Burial Sites, Inc., and work to protect Maryland's heritage.

NAME/ORGANIZATION: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

Membership year is June 1 through May 31st

New member Renewing member

Individual Membership, \$20.00 per year.

Household Membership, \$30.00 per year.

Student Membership (grade 12 and under), \$10.00 per year.

Organizational Membership, \$40.00 per year.

Make checks payable to: The Coalition to Protect Maryland Burial Sites, Inc.

P. O. Box 1533

Ellicott City, MD 21041-1533

Can you help us in our various efforts? Please list your interests/occupations/skills:
