

Membership Form

Women's Auxiliary of Historic Richmond Town

Last Name _____ First Name _____

Husbands Name _____

Address _____

Home phone# _____ Cell phone# _____

Email _____

As a volunteer organization we raise funds to support Historic Richmond Town carry out its mission. Our members are encouraged to give a minimum of 20 hours/year in these efforts.

Signature _____ Date _____

Kindly return the completed form together with your **\$25** check for annual dues payable to Women's Auxiliary Historic Richmond Town (WAHRT). Mail to:

Mrs Barbara Mireider

320 Barbara St

Staten Island, NY 10306-1802

Upon receipt, you will be mailed your membership card.

Any questions please call Barbara at 718-667-3496

