



***The Newtown History Center of the
Stone House Foundation***

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Membership Application Form

*Name: _____

*Street Address or Post Office Box: _____

*City: _____

*State or Province: _____ *Postal Code: _____ Country: _____

Phone with Area Code: (_____) _____

E-mail Address: _____

*Required

Please mark the membership level at which you would like to enroll:

Individual \$10 ___ Family \$25 ___ Contributing \$55 ___

Please send this completed form with a check or money order payable to the Stone House Foundation to the P.O. Box address listed above. Thank you for your support and we will be in touch with you soon.