

# The Strawbridge Shrine Association

The First Home of American Methodism

## ANNUAL MEMBERSHIP FORM

PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR DONATION

Type of Membership:  
(please select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Membership.....\$25.00            | <input type="checkbox"/> Sustaining.....\$100.00   |
| <input type="checkbox"/> Couple's Membership.....\$35.00              | <input type="checkbox"/> Sponsor.....\$250.00      |
| <input type="checkbox"/> Church / Church Group.....\$100.00           | <input type="checkbox"/> Patron.....\$500.00       |
| <input type="checkbox"/> Youth (under 20 yrs. of age)...\$5.00        | <input type="checkbox"/> Benefactor.....\$1,000.00 |
| Date of birth: _____  |  |
| <input type="checkbox"/> Combined Membership Special Rate.....\$75.00 |  |

Includes membership for one individual in:

- ✓ The Strawbridge Shrine Association
- ✓ The United Methodist Historic Society (Baltimore-Washington)
- ✓ The Historical Society of the United Methodist Church (National)

Plus subscriptions to *Exhortation!*, *The Long Road*, *Historian's Digest* and *Methodist History*

Additional Contribution:  
(please select as many as apply)

- In addition to membership I / We are adding a donation of \$ \_\_\_\_\_
- I would like to support the Preservation Fund with a donation of \$ \_\_\_\_\_
- I / We do not wish to become a member, but please accept a donation of \$ \_\_\_\_\_

### Special Gift:

- A donation of \$ \_\_\_\_\_ In Memory of \_\_\_\_\_
- A donation of \$ \_\_\_\_\_ In Honor of \_\_\_\_\_

### Member Information:

(please print)

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E.MAIL \_\_\_\_\_

PHONE (BEST) \_\_\_\_\_

Please make your check or money order to:

### Strawbridge Shrine Association, Inc.

2200 St. Paul Street  
Baltimore, MD 21218

The Strawbridge Shrine Association, Inc., is a non-profit 501(c)(3) entity. Your contribution is tax-deductible.