Photographic Historical Society of New England

PHSNE is a 501(c)(3) non-profit corporation.

phsne.org

PHSNE Application, Renewal & Update Form

Membership year is September 1 through August 31.

Join in September through February your membership runs to the following August 31. Join in March through August and the remaining months are free, running your membership through August 31 of the next year..

FOR RENEWAL OR INFORMATION UPDATE:

☐ I am renewing. ☐ I am updating information. *(Enter name & information that has changed below.)*

Renewal Dues: (Check category. Rate subject to change.)

☐ Free non-voting Student/Educator ☐ $50 Individual or Institution. ☐ $55 Family. ☐ $60 International

**Student or Educator members must provide proof of current enrollment or employment at a non-profit institution.*

FOR A NEW MEMBERSHIP:

How did you learn about PHSNE?_____

Dues for First Year of a New Membership: (Check category. Rate subject to change.)

☐ Free non-voting Student/Educator * ☐ $25 Individual or Institution ☐ $27.50 Family. ☐ $30 International

**Student or Educator members must provide proof of current enrollment or employment at a non-profit institution.*

PRINTED SNAP SHOTS NEWSLETTER:

PHSNE's *snap shots* newsletter pdf is distributed by email to every member. Opt-in to add a printed copy and add $15 to your membership cost if paying by check or money order. Or pay with separate transaction at phsne.org/renew or phsne.org/join.

☐ +$15 OPT-IN for mailed, printed issues of the *snap shots* newsletter.

MEMBER'S INFORMATION:

Name: _____

Include both names at one address for a Family membership.

Address: _____

_____

City: _____ State_____ ZIP:_____-_____

Country: _____ Postal Code:_____

Contact Information:

Home Phone: _____ Work Phone:_____

Mobile Phone: _____ Fax: _____

e-Mail: _____

Please use block letters for accuracy.

☐ OPT-IN for e-mail newsletters. You **must** opt-in to receive email *snap shots* newsletter and email meeting notices.

Interests: _____

For Membership Records. Space is limited, a long list will be truncated.

FOR A GIFT: *(If you are gifting a membership, include your Information on page 2.)*

PAYMENT: (*Please check form of payment*.)

☐ By credit card or PayPal account online at *phsne.org/join* or *phsne.org/renew* and mail in this form.
☐ By check in US dollars drawn on a US bank, or dollar-denominated international money order, payable to PHSNE.

MAIL THIS FORM TO:

Membership Chair
Photographic Historical Society of NE
47 Calvary St
Waltham, MA 02453
USA

QUESTIONS? CONTACT MEMBERSHIP CHAIR AT:

Email: *membership-chair@phsne.org*
Phone: 781-893-0843

For PHSNE Use Only:

Check/Trans. #	Amount	Check/Trans. Date

For a Gift: *(If you are gifting a membership, include your Information.)*

Giver's Name**:** _____

Address**:** _____

City: _____State_____ZIP:_____-_____

Country: _____Postal Code:_____

Phone: _____e-Mail:_____

Your e-mail address will only be used to confirm this gift.