

Smith County Heritage Museum Yearly Membership Application

Yes, I would like to be a member of the Smith County Heritage Museum.

Please _____ enter or _____ extend my membership in the following category:

_____ **Individual \$25.00**

_____ **Family \$40.00**

_____ **Student \$5.00**

Name(s): _____

Date: _____

Address: _____

Phone: _____

Please make checks payable to Smith County Heritage Museum

Mail to:

Smith County Heritage Museum

P.O. Box 73

Carthage, TN 37030