

## Foxborough Historical Society Membership/Renewal 2010 - 2011

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. Number \_\_\_\_\_ e-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check type membership: Individual \$8.00 \_\_\_\_\_ Family \$10.00 \_\_\_\_\_

**Make check payable to:** Foxborough Historical Society, Inc.

**Mail to:** P.O. Box 450, Foxborough, MA 02035

**Your check is your receipt**