



PHOTO ARCHIVES & HISTORY CENTER MEMBERSHIP FORM 2023-2024 SEASON

Name(s): _____

Business Name (if applicable): _____

Mailing Address: _____ City/State _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

*Email address: _____ Web Site: _____

Interested in: Estate Planning Endowment Fund Limited Committee Work General Volunteer

MEMBERSHIP LEVEL (*Indicates Voting Membership)

*Trustee (Min. \$500) *Founder (\$250) *Patron (\$100) Couple (\$50) Individual (\$35)

Please make checks payable to: Plant City Photo Archives, or PCPA, 106 South Evers Street, Plant City, FL 33563-5412



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