

*HERITAGE SOCIETY
MEMBERSHIP APPLICATION*

Name: _____ Date: _____

Spouse's Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Name to appear on the Membership Certificate

Type of Membership: Individual Family Corporate or Business

I wish to make a Cash donation of \$ _____ Check # _____

I wish to include the WVCC in my Will or Trust. ☺

I wish to donate a Life Insurance Policy ☺

I wish to donate Securities or Properties to the WVCC ☺

The minimum cash value of your donation must be \$1000.00

☺ *The chairman of the society will contact you to discuss the details of your donation*

Completed by: _____

WVCC Associate

<i>The West Virginia Cave Conservancy's Heritage Society</i>	
Received of _____	
Address _____	
City _____	State _____ Zip _____
The sum of \$ _____ Check # _____	
Date _____	By _____
<i>For Lifetime Membership in the Society</i>	