

# Levittown Historical Society



## MEMBER REGISTRATION FORM

Please print and use this form to become a member of our society!

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I (we) would like to join the Levittown Historical Society to support its causes and receive the monthly newsletter, *Levittimes!*

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

(Optional: For notification of monthly meetings and to receive our monthly electronic newsletter)

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Single Membership: \$10/year     Family Membership: \$15/year

Patron Membership: \$35/year     Lifetime Membership: \$100

AMOUNT ENCLOSED \$ \_\_\_\_\_ .00

Please make your check payable to "Levittown Historical Society" and mail to:

**Levittown Historical Society  
PO Box 57  
Levittown, NY 11756-9060**

For inquiries, call 516-735-9060 or contact us by e-mail at [PollyDwyer@aol.com](mailto:PollyDwyer@aol.com)