

New Sweden Centre Membership Application

Date_____

Name(s) (PLEASE PRINT)

Address_____

City_____ State_____ Zip _____

Telephone_____ Fax_____

Email address_____

I (we) are interested in:

Delaware Valley history (indicate era/emphasis)

Lenape_____ Swedes_____ Dutch_____ English_____ US Revl._____

Re-enacting_____

Period/Person_____

Landmarks of New Sweden_____

Guided Tours_____ Local_____ Regional_____

New Sweden Centre newsletter writer_____

Colonial Swedish genealogy

("Forefathers")_____

Donation of artifacts_____

Volunteering at the Museum_____

Membership

Committee_____

Other (please specify)_____

Membership Categories

Individual \$ 20

Family \$ 25

Sustaining \$ 50

Additional Contribution \$_____

Please print carefully,
complete the application and mail
with check payable to:

"New Sweden Centre"

send to:
Membership Chairperson
New Sweden Centre
PO Box 163
Yorklyn, DE 19736-0163