

New Sweden Centre Membership Application

Date \_\_\_\_\_

Name(s) PLEASE PRINT  
\_\_\_\_\_



Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

I (we) are interested in:

Delaware Valley history (indicate era/emphasis)

Lenape \_\_\_\_\_ Swedes \_\_\_\_\_ Dutch \_\_\_\_\_ English \_\_\_\_\_ US Revolution. \_\_\_\_\_

Colonial Swedish genealogy ("Forefathers") Family name \_\_\_\_\_

Scheduling:

\_\_\_\_\_ Speaker \_\_\_\_\_ colonial re-enactor(s) \_\_\_\_\_ **"Little Key"** (ships boat and crew)  
at my school, club etc. please indicate \_\_\_\_\_

Visiting Landmarks of New Sweden, Privately \_\_\_\_\_ Guided Tours \_\_\_\_\_ Local \_\_\_\_\_ Regional \_\_\_\_\_

Donating colonial artifacts \_\_\_\_\_

Volunteering: Check area of interest

\_\_\_\_\_ Host/Hostess/Docent at **Experience New Sweden** museum

\_\_\_\_\_ Reenacting (Our re enactors portray people from 1638 thru 1776.

If you have a preference please indicate

Sailor \_\_\_\_\_ Soldier \_\_\_\_\_ Ordinary settler \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ New Sweden Centre newsletter writer/editor

\_\_\_\_\_ Membership Committee

\_\_\_\_\_ Publicity

\_\_\_\_\_ Fund Raising

\_\_\_\_\_ Web and/or calendar of events updating.

Other (please specify) \_\_\_\_\_

Membership Categories

Individual \$ 20 \_\_\_\_\_ Family \$ 30 \_\_\_\_\_ Sponsor \$100 \_\_\_\_\_

Contribution \$ \_\_\_\_\_

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

"New Sweden Centre"

Send to: Membership  
New Sweden Centre  
PO Box 163  
Yorklyn, DE 19736-163