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 12001

Wilmington, DE 19850