

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