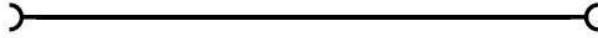




Hantsport & Area Historical Society

50 MAIN STREET P.O. BOX 525
HANTSPORT N.S. B0P 1P0



Member Name: _____

Business Name (if applicable) _____

Mailing address: _____

Phone: _____

Email*: _____

*Your contact information is never shared outside of the HHS. Members receive occasional emails with relevant content including membership information, upcoming events, or our newsletters.

Single membership \$10 _____

Would you like to contribute additional support to the efforts of the HHS?

If you wish to donate an additional tax-deductible gift, please indicate the amount: \$ _____ TOTAL
ENCLOSED

As a non-profit organization, we depend primarily on the time and efforts of our volunteers. Would you like to donate time or services to the HHS? YES NO

Please make cheques or money orders payable to Hantsport & Area Historical Society. Thank you for your support!