



2014 Membership Application

Name(s): _____

Address: _____ City: _____ Zip: _____

Preferred Phone: _____ Email: _____

Check one: Family \$40.00 Individual \$25.00 Business \$100.00 Contributing \$ _____

Together we can accomplish anything. Help save our history. **Mail to:** SDCHPS, PO Box 586, Selma, AL 36702-0586