



2023-24 Membership Application

Individual Membership — \$15

First Name _____ Last Name _____

Mailing Address _____

City/State _____ ZIP _____ Phone _____

Gift From _____

Family Membership — \$25

First Name _____ Last Name _____

Mailing Address _____

City/State _____ ZIP _____ Phone _____

List Family Members _____

Support Whitehall Area History

Donation _____ In Honor/Memory of _____

(WAHF is a 501(c)3, non-profit corporation. Donations, but not membership fees, are tax-deductible)

I would like to volunteer. Areas of Interest _____

WAHF memberships, except for
2023-24, are for the calendar year.

Benefits of Membership:

Reduced admission for WAHF events
Discounts on publications and products

Each membership is entitled to
one vote at the annual meeting

