

Renewal or Application for Membership – Historic Flat Rock, Inc.

Application Type: New Member _____ Renewal _____
(Check one)

Preferred Mailing Address:

Name _____ Phone No. _____

Address _____

City _____ State _____ Zip Code _____

E-mail address _____ @ _____

Membership Type: Individual \$35.00 _____ Couple \$50.00 _____
(Check one)

Sponsor \$65.00 _____ Organization \$75.00 _____

Life Membership \$500.00 _____

Special Contribution: \$ _____ (If there is some special purpose, please tell us)

Please mail this application with your check or money order to:
Historic Flat Rock, Inc. P.O. Box 295, Flat Rock, NC 28731