



**2023-2024 MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

\*\*\*E-Mail Address: \_\_\_\_\_

\*\*\* Your e-mail address is requested so that we may keep you informed of happenings around the state. It will not be given out or seen on the e-mails. Your privacy will be protected.

**You may purchase or renew your JHSSC membership online.  
Go to [jhssc.org](http://jhssc.org), click on **Support** and then choose your membership category.**

ANNUAL DUES FOR THE SOCIETY  
(MEMBERSHIP NOW RUNS FROM July 1, 2023 - June 30, 2024)

- |   |                                |   |
|---|--------------------------------|---|
| <input type="checkbox"/> Student Membership     | \$18                           |   |
| <input type="checkbox"/> Individual/Family/Gift | \$54                           | <i>Please attach additional information for each gift membership.</i> |
| <input type="checkbox"/> Friend                 | \$200                          |   |
| <input type="checkbox"/> Patron                 | \$500                          |   |
| <input type="checkbox"/> Benefactor             | \$1000                         |   |
| <input type="checkbox"/> Pillar                 | \$5000 (\$1000 for five years) |   |
| <input type="checkbox"/> Other                  | \$_____                        |   |

**I am enclosing an additional \$54 for a JHSSC GIFT MEMBERSHIP for:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

*All gifts will be acknowledged to the recipient.  
Please use the back of this sheet with appropriate information for each additional gift you are making.*