

**MEMBERSHIP APPLICATION  
TO  
THE GENERAL MEADE SOCIETY OF PHILADELPHIA, INC.**

**Name:**  
**Address:**

**Home Telephone:**  
**Work Telephone:**  
**Email address:**

**Membership Type:**

**Family**  
**\$20.00**

**Individual**  
**\$10.00**

**Student**  
**\$5.00**

**Please print and send with the correct membership  
payment to:**

**The General Meade Society  
PO Box 45556  
Philadelphia, PA 19149**

PRINT  
FORM

Reset  
Form