



U.S. Life-Saving Service Heritage Association

PO Box 213
Hull, MA. 02045

Gift Membership Application & Donation Form

Gift Membership Donation

Make all checks payable to "USLSSHA"

Gift Member Information (please print & mail to address above)

Name: _____

Mailing address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Telephone (home): _____

Telephone (business): _____

Telephone (cell): _____

E-Mail: _____

Include them in the Membership Directory For Members Only

Your Information

Name: _____

Mailing address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Telephone (home): _____

Telephone (business): _____

Telephone (cell): _____

E-Mail: _____

Do you want the gift recipient to know that you sent them this gift? Check here if YES.

Determine Membership Level (please choose one)

- Life-Saver \$35
- Life-Saver Family \$40
- Institution \$50
- Station Keeper \$100
- Assistant Inspector \$250
- Dist. Superintendant \$500
- Sumner I. Kimball \$1,000

Donation Amount (please choose one)

- \$10 \$15 \$20
- \$30 \$40 \$50
- \$75 \$100 \$125
- \$150 \$175 \$200
- \$250 \$300 \$400
- \$500 \$750
- \$1,000 Other _____

Gift Membership & Donation

Amount Total: _____