

**Tazewell County Historical Society
Membership Form**

Members Name: _____

Address: _____

City, State: _____

Zip: _____

Phone (Home): _____

Phone (Cell): _____

Email Address: _____

Amount Enclosed: \$ _____

Check payable to: TCHS

**Mail to: TCHS
PO Box 916
Tazewell, VA 24651**

All contributions are tax deductible to the extent provided by law, but Membership is not.

Signature

Date