



Texas Military Historical Society Membership Form

Dues are \$20 annually or \$30 / two or more in same family.

Renewal _____ New Member _____

Would you like your contact information available to all members? ___ Yes ___ No

Unit Name _____

Commander Name _____

Name: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail _____

Emergency contact: _____

Emergency telephone: _____

By signing below, you acknowledge the following:

- You will not use the information provided on the TMHS roster for commercial solicitation.
- You will not give out any information unless given permission. When in doubt, don't give it out.

Signature: _____ Date: _____

Mail Completed form to: **Texas Military Historical Society**
P.O. Box 1337
Gatesville, TX 76528