

P.O.Box 536 Sanford, FL 32772 info@sanfordhistorictrust.org

Membership Application

□ Student - \$10 (Full time college students only - proof may be requested) □ Individual - \$30	"The mission of the Sanford Historic Trust is to
☐ Business - \$30	evaluate, protect and preserve the architectural and historical heritage of the City through
□ Donation - \$ (Any amount is appreciated)	education and stewardship"
Areas of Interest:	
\square Fund Raising \square Property Improvement \square We	ebsite Contributor (Articles/Pics)
☐Genealogy ☐Crime & Safety ☐Holiday Tour o	of Homes Other
Name (a)	
Business Name:	
Address:	
City:	State Zip
Phone: E-mail	
☐ Charge my Credit Card	☐ Check Enclosed
Credit Card #	Exp. Date:
Name on Card:	
Billing Street Address	Zip
Signature:	
*The card verification value (CVV) is a 3 digit code on on the front of American Express cards.	n the back of Visa, MasterCard or Discover cards, but it is a 4 digit coo
Mail your completed credit card form or che	ck to:

Sanford Historic Trust
Attn: Membership Dept.
P.O.Box 536

Sanford, FL 32772

You may also pay online at www.sanfordhistorictrust.com. Annual membership in the Trust is valid from January 1 - December 31