

BECOME A MEMBER!



**Bucks County Civil War
Roundtable Library and
Museum Membership form**

Individual Membership- \$30

Family Membership- \$40

(Please Circle One)

Name: _____

Email: _____

Phone: _____

(optional)

**Additional contributions for collection
acquisitions and restoration of current
collection (optional) \$**

Total enclosed \$ _____

**Please make your check payable to BCCWRT and
mail to 32 North Broad Street, Doylestown PA 18901**

Thank you for your support!