

BLHA MEMBERSHIP ENROLLMENT FORM

Membership year - January 1 to December 31

PLEASE PRINT

Name(s) _____

Address _____

City/State/Zip _____

Email _____

Phone _____ Family Membership \$25.00 _____

Single Membership \$20.00 _____

Donations Appreciated _____

I wish to support: Wynnewood _____ Park _____ Both _____

***BENEFIT of MEMBERSHIP: year's free admission to Wynnewood
for you and 2 guests***

MAIL THIS FORM

& YOUR CHECK TO

Bledsoe's Lick Historical Association

P.O. Box 434

Castalian Springs, TN 37031