

Renewal or Application for Membership
Historic Flat Rock, Inc.

Application Type: New Member _____ Renewal _____
(Check one)

Preferred Mailing Address: Date _____

Name _____ Phone No. _____

Address _____

City _____ State _____ Zip Code _____

E-mail address _____ @ _____

Membership Type: Individual \$40.00 _____ Couple \$60.00 _____
(Check one)

Business \$100.00 _____ Life Membership \$500.00 _____

Special Contribution: \$ _____ (If there is some special purpose, please tell us)

Please mail this application with your check or money order to:
Historic Flat Rock, Inc. P.O. Box 295, Flat Rock, NC 28731

Historic Flat Rock, Inc., is qualified as a charitable organization under Section 501 (c)(3) of the Internal Revenue Code. Contributions made to HFR are tax deductible to the extent permitted by law.