

**I/We would like to renew my HSF membership at the following level:**

1733 Society (\$2,500+)

Restorer (\$1,000)

Artisan (\$500)

Conservator (\$250)

Sustainer (\$125)

Name \_\_\_\_\_

Address ~~106 W. 17th St. Savannah, GA 31401~~ \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Company Web Address \_\_\_\_\_

Email Address(es) *(for notifications and HSF's E-Newsletter):*

\_\_\_\_\_

Method of payment:

Check made payable to HSF enclosed

Charge            VISA    or    Mastercard

Account #: \_\_\_\_\_

CCV *(found on back of card):* \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

