



**PLEASE JOIN HISTORIC JARVISBURG COLORED SCHOOL, INC.
MEMBERSHIP APPLICATION**

Friend of HJCS, Inc. \$100 & up Supporter \$50 Individual \$25

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Membership dues are tax-deductible to the extent allowed by law and run from July 1, through June 30.

Please make checks directly payable to:
HJCS, Inc. Membership Committee

HJCS, Inc.
P.O. Box 254
Jarvisburg, NC 27947

Amount Enclosed \$ _____

Thank you for your support