Winters Heritage House Museum and Seibert Genealogy Library

Membership Renewal Form

Name: ______________________________________________

Address: ____________________________________________

_______________________________________________

Phone Number: _____________________________________

Email address: _______________________________________

Membership Type: __________________

Amount enclosed: ______________  Check number: _______

Please mail completed form to:

Winters Heritage House Museum
P.O. Box 14
Elizabethtown, PA 17022

Thank you!
for supporting the
Winters Heritage House
Museum and Seibert
Genealogy Library!