

Marcellus Historical Society Membership Form

___ New Member ___ Renewal

Name(s): _____

If new member – include address:

	<u>1-year</u>	<u>5-year*</u>	<u>Total</u>
Individual	___ @ \$5.	___ @ \$25.	_____
Couple	___ @ \$9.	___ @ \$45.	_____
Family	___ @ \$12.	___ @ \$60.	_____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

(Family includes children under 18)

(* Sustaining member)

Total Number joining _____

Please make check payable to:
Marcellus Historical Society
P.O. Box 165
Marcellus, NY 13108

Dues cover the calendar year renewable in January.

Membership discontinued April 1st if dues unpaid.