

Membership Application Form

Name: _____

E-mail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

- () Lifetime Membership (\$ 150) \$ _____
- () Individual Annual Membership (\$ 10) \$ _____
- () Donation to General Fund \$ _____
- Total amount enclosed* \$ _____

Hobart Historical Society, P. O. Box 11, 57 Cornell Avenue, Hobart, NY 13788

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