Hobart Historical Society Membership Form

Name: _____**Date:**_____

Mailing Address: _____

City/State/ZIP: _____

Phone: _____ **Email:** _____

Membership Type:

☐ **Individual Annual Membership $30**

☐ **Family Annual Membership $40**

Membership Dues Enclosed: $_____

Additional Donation: $_____

Total Enclosed: $_____

I am interested in helping with:

Do you have historical materials, photographs, documents, or stories you may wish to share or donate?

☐ Yes ☐ No If yes, please describe:

_____

Please make checks payable to **Hobart Historical Society** and return this form to: **Hobart Historical Society, P.O. Box 11, Hobart, NY 13788**.

Thank you for supporting the preservation of Hobart's history