

Membership Application

Yes, I want to be a Member!

Please enroll me today as: New ____ Renew ____

 \square Individual (Annual) \$50.00 (Annual membership is January 1st to December 31st each year)

□ Life Membership \$500.00 (*Can be paid in a onetime payment, or in installments over a one year period with an initial deposit of \$100.00*)

Corporations/ Organizations \$1000.00 (Annual) Please call 917
699-4178 information

Membership Contribution

In additional to my membership dues I would like to contribute () \$25.00 () \$50.00 () \$100.00 () \$150.00 () \$200.00 () \$250.00 () \$300.00 () \$500.00 () other \$______to support the 369th Historical Society's programs.

(Your membership contribution is tax-deductible.)

Name			
Address			
City	State	Zip Code	
Telephone Number	Email		
Enclosed is a check payable	le to 369 th Historical Socie	ГУ	
Please Print Application an	d Mail to 369 th Historical S Membership P O Box 1206 New York, NY 10		
Signature		Date	-
I will notify my company a	bout this contribution and	request a matching	gift form
369 th Historical Society Mailing Address: P O Box 1206, NE Tel/Fax (917 699-4178/718-994-4	383		
www.369historicalsociety.org	g <u>historicalsociety@</u>	earthlink.net	