

MEMBERSHIP APPLICATION

DATE: _____

Please fill out the membership form completely and legibly and mail with a check or money order to:

Sandusky County Historical Society
514 Birchard Avenue
Fremont, Ohio 43420

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP ELECTIONS AND CONTRIBUTIONS

Annual Dues (\$15.00 per person)..... \$ _____

Additional Contributions (General Fund)..... \$ _____

(Capital Improvements Fund)..... \$ _____

("84" Club Membership (\$84.00))..... \$ _____

(Memorial Contribution) In Memory of: _____ \$ _____

(Heating/Air Conditioning Fund)..... \$ _____

(Newsletter Patron \$20.00)..... \$ _____

(Lifetime Membership \$375.00)..... \$ _____

TOTAL \$ _____