

Membership Application Form

Name: _____

Subscription format: Physical Electronic Both

Email: _____

Address*: _____

City: _____

State: _____ Zip: _____ Phone: _____

* Please provide any temporary address for our mailings in early March, June, September, and December.

Seasonal address for mailings: Mar. Jun. Sep. Dec.

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Gilboa Historical Society, Post Office Box 52, Gilboa, NY 12076

() Lifetime membership (\$100.00) \$ _____

() Family membership (\$25.00) \$ _____

() Couples membership (\$15.00) \$ _____

() Individual membership (\$10.00) \$ _____

() Senior or student membership (\$7.00) \$ _____

() Scholarship fund \$ _____

() Gilboa Historical Society *Newsletter* \$ _____

() Gilboa Historical Society Museum \$ _____

() *Old Gilboa* DVD (\$19.70 total) \$ _____

() *Family Letters* by N. Juried (\$8.40 total) \$ _____

() General fund \$ _____

() Memorial gifts[†] \$ _____

_____ \$ _____

Total amount enclosed \$ _____

[†] The Board has a "wish list" of memorial gifts: please inquire of a board member, and provide the complete wording of the dedication, your name and address, and the name and address of a next-of-kin to be notified.