

Membership Application

The Historical Society of the Tonawandas, Inc.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Annual Membership Dues:

\$15 - Individual _____

\$50 - Corporate/Professional _____

\$25 - Family _____

\$50 - Patron _____

\$5 - Student _____

\$100 - Sustaining _____

My donation is enclosed to continue the preservation of the history of the twin cities of Tonawanda and North Tonawanda in the amount of \$_____

Make check or money order payable to
The Historical Society of the Tonawandas.

Print this form and mail to:
The Historical Society of the Tonawandas
113 Main Street
Tonawanda, New York 14150