

MEMBERSHIP APPLICATION

The Historical Society of the Tonawandas, Inc.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Annual Membership Dues (Effective 11.01.18):

- \$ 5.00 Student - youth
- \$ 20.00 Individual - adult
- \$ 30.00 Family (two or more at same address)
- \$ 50.00 Patron Supporter
- \$ 50.00 Corporate/Professional Supporter
- \$100.00 Sustaining Member

International memberships - add \$10.00 to cover additional postal fees

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 *Historical Society of the Tonawandas*.

Print this form and mail to:

The Historical Society of the Tonawanda
113 Main Street
Tonawanda, NY 14150