



# MERRICKVILLE DISTRICT HISTORICAL SOCIETY

## MEMBERSHIP FORM

Date \_\_\_\_\_

New member       Renewal

First name(s) \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_

Contact information: (If this is a renewal, please indicate any changes):

PO Box \_\_\_\_\_ Street Address \_\_\_\_\_

City or Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Preferred Telephone \_\_\_\_\_

Membership Type     \$10 Individual       \$15 Family

Add a donation? Amount \_\_\_\_\_ \*\*Tax receipt provided for donations over \$20\*\*

Paid by:  Cash     Cheque # \_\_\_\_\_     E-transfer     Debit     Visa     MC     Amex

MDHS relies on volunteers. Please indicate any areas you may be willing to help with:

- |   |  |
|---|--|
| <input type="checkbox"/> Lecture Series       | <input type="checkbox"/> Membership & Communications |
| <input type="checkbox"/> Grants & Fundraising | <input type="checkbox"/> Board of Directors          |
| <input type="checkbox"/> Museum & Collections | <input type="checkbox"/> Publicity                   |
| <input type="checkbox"/> Website              | <input type="checkbox"/> Other _____                 |

Do you have any suggestions for speakers or topics?

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Save your completed form with a new file name and return it to [info@merrickvillehistory.org](mailto:info@merrickvillehistory.org)

Fees and donations may be paid via e-transfer to the same address.

**THANK YOU!**