



MERRICKVILLE DISTRICT HISTORICAL SOCIETY

MEMBERSHIP FORM

(Complete a separate form for each individual membership)

Date: _____

NEW MEMBER RENEWAL

First Name: _____ Last Name: _____

*Email: _____

*By providing your email, you agree to receive our newsletter and meeting reminders.

Municipality: _____

Province: _____

Membership Fee is \$10 for each individual, per year.

Add a donation? Amount: _____

**Tax receipts provided for donations over \$20

MEMBERSHIP PAYMENT OPTIONS:

- 1. E-TRANSFER:** (Preferred Method - \$10 per person) treasurer@merrickvillehistory.org
- 2. PRINT:** Complete this form, then return it to us with payment at any public meeting.
- 3. CANADA POST:** MDHS Membership, Box 294, Merrickville, ON K0G 1N0

Thank You,
MDHS