



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?

Please print and complete this form, then return it to us with payment at any public meeting, by post to PO Box 294 Merrickville ON K0G 1N0 or scan and email to info@merrickvillehistory.org. Payment may also be made via e-transfer to the same address.

THANK YOU!