

MEMBERSHIP APPLICATION



Please complete and return the application to:

The Historical Society of the Town of Clarence, Inc.
10465 Main Street
P.O. Box 86
Clarence, NY 14031
www.clarencehistory.org
museum@clarencehistory.org

Membership Options

- \$5 Student (under 18) \$15.00 Individual \$25.00 Couple \$30.00 Family
 \$150.00 Individual Life Member \$50.00 Business

Note: Under Internal Revenue guidelines, the estimated value of benefits received in exchange for your membership payment is not substantial. Therefore, the full amount of your payment is a deductible contribution.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

BEST CONTACT PHONE NUMBER _____ EMAIL _____

Would you like to receive notifications by email? Yes _____ No _____

HOW CAN I HELP?

- Staff Museum When Open/Assist with Tours

PLEASE LIST ANY HOBBIES AND INTERESTS THAT MAY BENEFIT TO HISTORICAL SOCIETY.

Office Remarks: date rec'd _____ payment _____ check# _____

rev.10/2024

Membership Year: _____ Posted Date _____ by _____