

Washington County Historical Society

167 Broadway - Fort Edward, NY 12828

Membership Application

Name _____ Date _____

Address _____ City _____ State ____ Zip _____

Telephone () _____ Email _____

Do you have an off-season address? (e.g. start: January; end: March)

Address _____ City _____ State ____ Zip _____

Away date: _____ Return date: _____

Membership Categories

Benefactor \$500+

Sustaining \$150

Contributing \$75

Patron \$50

Family/Individual \$35

Senior Couple/Senior/Student \$25

I would like to include a gift of \$_____ for Library Operations General Fund

Please note that the WCHS membership year is January 1 thru December 31. New memberships received after November 1 will be honored for the following year. Annual memberships and donations are tax deductible to the extent allowed by law.

Check Enclosed (Payable to Washington County Historical Society)

Visa MasterCard Card# _____ Exp: _____ Security Code: _____

Name on Card: _____

This is a fillable PDF. You may fill it out on your computer using Adobe Reader, then save it to your hard drive and email it to wchs.ny@gmail.com as an attachment or print and mail to:

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