



NEW OXFORD AREA HISTORICAL SOCIETY (NOAHS)

2024 MEMBERSHIP / DONATION

for the period

MARCH 1, 2024 to FEBRUARY 28, 2025

Thank-you for your decision to support the **New Oxford Area Historical Society** as a 2024 member and donor. Please check your desired support level below and submit this completed form either electronically or by mail along with your payment. Each and every dollar helps NOAHS reach our renewed potential and become more sustainable for the future. **Thank-you!**

Individual \$20.00 _____ Family/Couple \$30.00 _____

Corporate \$50.00 _____
(business, non-profit, or unincorporated group only) (Please list names of all family members)

(NOTE: Please print your information carefully so it can be easily read. Thank-you.)

Name: _____

Address: _____


E-Mail: _____ Phone: _____

Membership Amount: \$ _____

Added Donation: \$ _____ Designation(s): General fund \$ _____; Events/programs \$ _____; Facility upgrades \$ _____;
(annual) Auxiliary repository \$ _____; Member benefits \$ _____

Total Amount Due: \$ _____

TO submit your membership and payment ELECTRONICALLY:

1. Email this form (photo ok) to NOAHS17350@gmail.com AND
2. Either submit your payment direct via PayPal to "New Oxford Area Historical Society" https://www.paypal.com/donate/?hosted_button_id=66U8PE9KNY9C2
3. OR visit our new website at www.newoxfordareahistory.org and click 



Please **note your name, membership level & added donation** when you submit payment.

IF you wish to submit your membership and payment BY MAIL:

Send this form with your payment (personal check please) to:
➤ Treasurer, NOAHS, P.O. Box 353, New Oxford, PA 17350

List any suggestions you may have for events, programs or speakers you would like to see or hear:

Please also indicate if we may contact you regarding any of the following ways to help NOAHS. Thank you!

- | | |
|--|--|
| <input type="checkbox"/> Board Member/Society Leadership | <input type="checkbox"/> Membership Benefits & Development |
| <input type="checkbox"/> Communications/Social Media/Website | <input type="checkbox"/> Sponsor/Underwrite Specific Society Needs |
| <input type="checkbox"/> Committee/Special Projects Member | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Events/Programs/Speakers | |