

NEW OXFORD HISTORICAL SOCIETY MEMBERSHIP APPLICATION

Please check your desired membership level and submit this application electronically or by mail. Your support is *GREATLY* appreciated!

Individual: \$20.00 _____

Family/Couple: \$30.00_____

(Please list names of all family members)

Corporate \$50.00 _____

(business, non-profit, or unincorporated group only)

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

Date _____

Name _____

Address _____

Phone _____

E-Mail _____

(Please help us save on postage by providing your email. We will not share it with any other entity.)

Membership amount: \$ _____

Annual Donation: \$ _____ (one-time or monthly)

Total Amount: \$ _____

Submit this form and payment BY MAIL:

Please send this form with your payment (check only) to the address on the reverse. List any suggestions you may have for kinds of programs or speakers you would like to see/hear: _____

Please check which areas you are willing to help NOAHS. Your time, effort and good-will are *GREATLY* appreciated! Thank you!

Board Member/Leadership

Sponsorship/Sponsor-Specific Activities and/or Needs

Collection Curation/Management

Speakers/Programs

Membership Development

Special Projects/Committee Member

Social Media/Communications/Outreach

Other: _____