



Austerlitz Historical Society
P.O. BOX 144 • AUSTERLITZ • NEW YORK 12017

MEMBERSHIP APPLICATION

_____ **New Membership**

_____ **Renewed Membership**

Membership Name (s): _____ Date: _____

Mailing Address: _____ Phone: _____

Email Address (for each member) **please print clearly:** _____

Enclosed is payment for the membership category indicated below:

___ Student (\$5.00)

___ Contributing/Business (\$50.00)

___ Individual (\$15.00)

___ Supporting (\$100.00)

___ Life (\$750.00)

___ Family/Household (\$25.00)

___ Sustaining (\$250.00)

Please initial below if you are interested in volunteering for a committee.

(Descriptions of committees are on the back.)

If more than one member is volunteering, please indicate by initials.

COMMITTEES

- _____ Events
- _____ Buildings and Grounds
- _____ Membership
- _____ Archives/Collection/Museum
- _____ Publicity/Publications
- _____ Education
- _____ Capital Fund Raising

SKILLS

- _____ Computer
- _____ Art
- _____ Research
- _____ Writing
- _____ Other

People you know who might be interested in the Austerlitz Historical Society:

Name: _____ Address: _____

Name: _____ Address: _____