



# Schuyler County Historical Society

108 N. Catharine Street, P.O. Box 651  
Montour Falls, New York 14865  
607-535-9741 / [www.schuylerhistory.org](http://www.schuylerhistory.org)

## **2016 - Membership Application**

[Membership year is January 1 to December 31, 2016]

☐ New Member    ☐ Renewal

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Email for Newsletter and Event Notices: \_\_\_\_\_  
(Your email address will be kept confidential.)

### **Membership Categories:** (Please check one)

- |  |         |  |                                  |
|--|---------|--|----------------------------------|
| <input type="checkbox"/> Senior(s) - (62+) or Veteran(s) | \$20.00 | <input type="checkbox"/> Patron/Business | \$50.00 or Newsletter Ad \$250   |
| <input type="checkbox"/> Individual                      | \$25.00 | <input type="checkbox"/> Supporter       | \$100.00 or \$250.00 or \$500.00 |
| <input type="checkbox"/> Couple/Family (circle one)      | \$30.00 | <input type="checkbox"/> Benefactor      | \$1000.00                        |

☐ **The above is a Gift Membership** (fill-in name & address of recipient below)\*

☐ **Additional DONATION to support the Society's Mission** - \$ \_\_\_\_\_

☐ **Additional Amount of \$ \_\_\_\_\_ IN MEMORY OF / IN HONOR OF (circle one)**

**Name of Person(s)** \_\_\_\_\_

**Total Amount Enclosed:**    \$ \_\_\_\_\_

**\* To whom should we send a note regarding your above generosity?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

.....  
☐ **I am interested in Volunteering** \_\_\_\_ at the museum / \_\_\_\_ at special events.

☐ **I have some local history or genealogy records that I would like to share with the Society and will contact the Director about adding it to the Research Room. 607-535-9741**

*Thank you for your continuing interest in our Schuyler County Heritage!*

----- For Internal Use Only: -----

Date Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_ Ck. No. \_\_\_\_\_

Ltr. Sent: \_\_\_\_\_ Date: \_\_\_\_\_ DB: \_\_\_\_\_