



THE CANAL SOCIETY OF OHIO, INC.

**Application for Membership or Renewal in the Canal Society of Ohio**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Category of Membership:**

- Student -- \$10 per year**
- Individual -- \$18 per year**
- Family -- \$20 per year**
- Contributing -- \$30 per year**
- Business -- \$30 per year**
- Patron -- \$50 per year**

**Print and Mail this form to:**

**Canal Society of Ohio - Membership  
550 Copley Rd.  
Akron, OH 44320**

**(include check payable to Canal Society of Ohio)**