

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
P.O. Box 34
Kent, OH 44242**

(include check payable to Canal Society of Ohio)