



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:

- | | |
|----------------------------------|---------------------------------------|
| _____ Individual (\$15.00) | _____ Contributing/Business (\$50.00) |
| _____ Family/Household (\$25.00) | _____ Supporting (\$100.00) |
| | _____ 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.

- | <u>COMMITTEES</u> | <u>SKILLS</u> |
|----------------------------------|----------------|
| _____ Events | _____ Computer |
| _____ Buildings and Grounds | _____ Art |
| _____ Membership | _____ Research |
| _____ Archives/Collection/Museum | _____ Writing |
| _____ Publicity/Publications | _____ Other |
| _____ Education | |
| _____ Capital Fund Raising | |

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

Name: _____ Address: _____

Name: _____ Address: _____

www.oldausterlitz.org oldausterlitz@taconic.net 518-392-0062

Is this membership because of a special offer you received in your email?

YES

NO