
Clarkson Historical Society Membership Application

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

E-mail: _____

If you have any ideas of how we can help you expand your knowledge of the Town of Clarkson, please tell us:

Please print clearly.

Mark your level of membership. Checks should be made out to "Clarkson Historical Society." and send to PO Box 600, Clarkson, NY 14430.

_____ **Individual**
\$12 Annually

_____ **Household**
\$24 Annually

These memberships receive a membership card, mailings and voting eligibility (2 votes for Household membership).

_____ **Supporting Member**
\$48 Annually

_____ **Sponsor Member**
\$96 Annually

_____ **Patron Member**
\$192 Annually

These memberships receive a membership card, mailings, voting eligibility and have their names listed in the Annual Report.

_____ **Business Member**
\$120 Annually

The business members will receive a membership card, voting eligibility, mailings and their business name will be listed in the Annual Report and in appropriate venues.

_____ Any additional contribution \$ _____

THANK YOU FOR SUPPORTING THE CLARKSON HISTORICAL SOCIETY!