MEMBERSHIP APPLICATION
FLY CREEK AREA HISTORICAL SOCIETY * P.O. Box 87, Fly Creek, NY 13337

Name(s): _____ Renewal ___ New ___

Address: _____

Telephone: (_____) _____ - _____ e-mail address: _____@_____

- ☐ Please register me as a junior member of the FCAHS (age 21 or under). Enclosed is a check for $5.
- ☐ Please register me as a member of the FCAHS. Enclosed is a check for $15.
- ☐ Please register us to a family membership (includes all family members living in one domicile). Enclosed is a check for $25.
- ☐ Please register me/us as a Patron of History. Enclosed is a check for $50.
- ☐ Please register us as to a business/professional membership (includes newsletter ad). Enclosed is a check for $90.
- ☐ Please accept the enclosed tax-deductible donation, in the amount of $_____ (minimum $30 for individuals or $40 for families), and enroll me/us as a contributing/sustaining member(s).
- ☐ Please register me as a lifetime member of the FCAHS (individuals only). Enclosed is a check for $500.