

Membership Form

MADISON HISTORICAL SOCIETY
(Membership year runs from June 1 through May 31)

Please circle membership category

CORPORATE	\$250
BENEFACTOR	\$100
SUSTAINING	\$75
FAMILY (list names)	\$40
INDIVIDUAL	\$25
STUDENT (under 21)	\$5

Name(s) _____

Address _____

Telephone _____ Email _____

VOLUNTEER FORM (please ✓)

I am interested in:

- | | |
|--|--|
| <input type="checkbox"/> Clipping newspaper articles | <input type="checkbox"/> Scanning |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Photo Identification |
| <input type="checkbox"/> Research | <input type="checkbox"/> Selected Small Projects |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Computer Input |
| <input type="checkbox"/> Sorting | <input type="checkbox"/> Other _____ |

Please print this page, complete the information, and enclose it with your tax deductible check payable to:

**Madison Historical Society,
P. O. Box 148,
Madison, NJ 07940**

For further information, contact us at 973-377-0722, Ext. 8