

Clarendon Historical Society

P.O. Box 124
Clarendon, NY 14429

Membership
Application

Name: _____

Email Address: _____

Address: _____

Phone: _____

Type of Membership

1. Individual 1yr. \$5.00
2. Family 1yr. \$10.00
3. Student 1 yr. \$3.00
4. Business 1 yr. \$25.00

Meetings: 3rd Wednesday of every month 7 pm
Church Street Historical Society Grounds

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Clarendon Historical Society Receipt

Name:

Type of Membership:

Amount/ Date Paid:

By: