

ANDERSON FALLS HERITAGE SOCIETY  
MEMBERSHIP APPLICATION

Complete and return to Membership Secretary, 24 Chesterfield St.  
Keeseville, N.Y. 12944-1202

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email address: \_\_\_\_\_

Annual Dues Categories  
(Please circle your choice)

Senior (60+yrs) - \$10. Individual - \$15. Family - \$25. Business - \$30.

Lifetime -\$1000.00 and above

Membership amt. enc. \_\_\_\_\_ Donation amt. enc. \_\_\_\_\_

(Designate the amount for each if applicable)

Make checks payable to AFHS

I would be willing to assist the Society with:

Accessions  Collections  Displays  Fund Raising

Membership  Publicity  Research  Volunteer Staff

Other