

Anderson Falls Heritage Society

Membership Application

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

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____

Email address: _____

Annual Dues Categories

(Please circle your choice.)

Personal:

Adult - \$20 2-year adult - \$35 Household - \$40 Youth (under 18 yrs.) - \$5

Senior (65 yrs. +) - \$15 Friend - \$50 Patron - \$100 Lifetime - \$500

Corporate (non-voting):

Sponsor: \$50 - \$199 Silver: \$200 - \$499 Gold: \$500 - \$1,499 Platinum: \$1,500 and above

Membership amt. enclosed: _____ Donation amt. enclosed: _____

(Designate the amount for each if applicable.) Please make checks payable to **AFHS**.

I would be willing to assist the Society with (please circle any that apply):

Accessions Collections Displays Fund Raising Membership Publicity Research

Volunteer Staff Other _____