

**MEMBERSHIP APPLICATION
R. T. ELETHORP HISTORICAL SOCIETY
AND HAMMOND MUSEUM**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

EMAIL _____

- | | | | |
|---------------------------------------|---------|-------------------------------------|----------|
| <input type="checkbox"/> Individual | \$5.00 | <input type="checkbox"/> Sustaining | \$25.00 |
| <input type="checkbox"/> Family | \$10.00 | <input type="checkbox"/> Patron | \$50.00 |
| <input type="checkbox"/> Contributing | \$15.00 | <input type="checkbox"/> Benefactor | \$100.00 |

Please make checks payable to the Hammond Museum or
to the R. T. Elethorp Historical Society

Mail to: Hammond Museum, P.O. Box 107, Hammond, NY 13646

- | | |
|---|---|
| Areas of interest : | <input type="checkbox"/> Membership & Fundraising |
| <input type="checkbox"/> Museum Hosting | <input type="checkbox"/> Museum, Acquisition & Research |
| <input type="checkbox"/> Genealogy | <input type="checkbox"/> Other _____ |