



GOULBOURN TOWNSHIP HISTORICAL SOCIETY MEMBERSHIP FORM

Last Name: _____ First Name: _____

Full Address: _____

Phone: _____

e-mail: _____

Name of Second Family Member (if applicable): _____

Second e-Mail address (if applicable): _____

Is this application for a:

SINGLE MEMBERSHIP (\$15/yr) _____ **FAMILY MEMBERSHIP** (\$20/yr) _____
(two family members at the same address)

Is this a:

MEMBERSHIP RENEWAL _____ **NEW MEMBERSHIP** _____

NEWSLETTER:

The **GTHS Newsletter** is published quarterly and sent to all members. You can help us keep costs down by having your copy sent to you by e-mail.

Please send my copy by: **E-MAIL** _____ by **POST** _____

METHODS OF PAYMENT:

CASH: _____

CHEQUE: Made payable to the "Goulbourn Township Historical Society".

Payments may be made at any monthly Program, the Annual General Meeting or mailed to:

Goulbourn Township Historical Society
PO Box 621, 2060 Huntley Road
Stittsville, ON, Canada K2S 1A7

Receipts for Income Tax purposes will be mailed to you shortly after your application is received and processed.

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For GTHS Membership Office Only

Date Received: _____

Membership dues are for the period: February 1, 2019 to January 31, 2020