



GOULBOURN TOWNSHIP HISTORICAL SOCIETY MEMBERSHIP FORM

Contact Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ e-mail: _____

Name of Second Family Member (if applicable): _____

Second e-Mail address (if applicable): _____

Annual Membership Fees (due January 31st) + donations

MEMBERSHIP: NEW MEMBER RENEWAL
 INDIVIDUAL (\$15/yr) FAMILY (\$20/yr) \$

CHARITABLE DONATION: Do you wish to make a donation to the GTHS: \$
Receipts for Income Tax purposes will be mailed to you shortly after your application is received and processed.

TOTAL PAYMENT \$

The **GTHS Newsletter** (published quarterly)
Please send my copy by: **E-MAIL** or by **CANADA POST**

I give the Goulbourn Township Historical Society permission to contact me via email or telephone.

Methods of Payment

INTERAC e-transfer from your Bank account to GOULBOURN HISTORICAL SOCIETY (Autodeposit) at treasurer@goulbournhistoricalsociety.org. Also Please forward a completed copy of this form to our membership secretary at <mailto:membership@goulbournhistoricalsociety.org> or to the address below.

CHEQUE: Made payable to the "Goulbourn Township Historical Society".
Mailed with this form to: **Goulbourn Township Historical Society**
PO Box 621, Stittsville PO
Stittsville, ON, Canada K2S 1A7

CASH: At any of our monthly meetings