Membership Form

Please enroll me as a member of the Larchmont Historical Society.
My tax-deductible dues for one year are enclosed.
Annual membership year beings each September 1.

[_] New Member [_] Renewing Member

Please indicate membership category:

[_] Individual $ 15
[_] Family $ 25
[_] Senior (65 or older) or Student $ 5
[_] Institutional or Business $ 40
[_] Sustaining $ 50
[_] Life (individual only) $150

I would like to volunteer to help on the following committee(s):

[_] Spring House Tour
[_] 25th Anniversary Gala
[_] Grant Research/Writing
[_] Membership
[_] Publicity
[_] Exhibits
[_] Newsletter
[_] Century Homes Club
[_] Fundraising/Sponsorship
[_] Historic Sites
[_] Archives
[_] Monthly Programs

Name: _____

Address: _____

Telephone: _____ **E-Mail:** _____

Make checks payable to, and mail to:

The Larchmont Historical Society
P.O. Box 742
Larchmont, NY 10538