



Ravena Coeymans Historical Society Membership Form

Name: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Membership Levels

_____ Individual	\$15	annually
_____ Student	\$5	annually (age 25 & under)
_____ Family	\$25	annually
_____ Supporter	\$50+	annually
_____ Patron	\$125+	annually
_____ Benefactor	\$250+	annually
_____ Individual Life	\$100	per individual (age 65 or above)

Membership Total \$_____

In addition to your membership, please consider a tax-deductible contribution to:

\$_____ General Fund
\$_____ Preservation
\$_____ Museum/Exhibits

Annual Fund Gift \$_____

Total Paid \$_____

Please make your check payable to **The Ravena Coeymans Historical Society** and mail it with this membership form to:

The Ravena Coeymans Historical Society
Attn: Treasurer
P.O. Box 324
Ravena, NY 12143

We encourage your volunteer participation in fundraising, conservation, museum exhibits, membership mailings and/or refreshments. If you are willing to volunteer, please list your area(s) of interest. Thank you.

Interest(s): _____