

MASON HISTORICAL SOCIETY



2020 Membership Form

Thank you to ALL of our members for your generous support this year. We sincerely hope you renew your membership, as we count on your dues to support our mission to preserve, protect and share Mason's incredible past for future generations.

ENROLL or **RENEW** your membership online at www.masonhistoricalsociety.org or fill in and mail this form.

| | |
|--|---------------------------------|
| MEMBERSHIP TYPE: | |
| REGULAR | |
| Student | \$10 <input type="checkbox"/> |
| Individual | \$20 <input type="checkbox"/> |
| Family | \$30 <input type="checkbox"/> |
| Silver | \$100 <input type="checkbox"/> |
| Gold | \$250 <input type="checkbox"/> |
| Lifetime* | \$500 <input type="checkbox"/> |
| NON-PROFIT ORG. \$40 <input type="checkbox"/> | |
| CORPORATE | |
| Regular | \$100 <input type="checkbox"/> |
| Silver | \$250 <input type="checkbox"/> |
| Gold | \$500 <input type="checkbox"/> |
| Lifetime* | \$1000 <input type="checkbox"/> |

*Lifetime memberships can be paid in (4) quarterly installments within (12) months

www.masonhistoricalsociety.org
513.398.6750
mason.oh.historical@gmail.com

| | |
|-------------------------------------|---|
| NEW <input type="checkbox"/> | RENEWAL <input type="checkbox"/> |
|-------------------------------------|---|

New members who sign up between July-Dec 2020 also receive membership for all of 2021.

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP+4 _____

PHONE _____

EMAIL _____

Please make your check payable to the MASON HISTORICAL SOCIETY and mail with this form to:

Mason Historical Society
Attn: Membership
207 W. Church St.
Mason, OH 45040-1607

The Mason Historical Society is a 501(c)(3) charitable organization as defined in the Internal Revenue Code. Membership dues, donations and memorial gifts in any amount are tax deductible.

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| Do you have a family member or friend who you think would enjoy MHS membership which includes receiving our monthly newsletter and notification of member events? If so, please give them a copy of this form or fill in their contact info at right. | Name _____ |
| | Email _____ |
| | Address _____ |
| | _____ |