

Livingston Historical Society Membership Dues Application

Name(1):

Name(2):

Address:

Phone Number 1:

Phone Number 2:

E-mail Address 1:

E-mail Address 2:

Membership Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual Membership \$25 | <input type="checkbox"/> Senior Citizen Membership (Age 62+) \$15 | <input type="checkbox"/> Family Membership \$40 |
| <input type="checkbox"/> Student Membership \$10 | <input type="checkbox"/> Donation to Livingston Historical Society \$_____ | <input type="checkbox"/> Donation to Ely Cemetery \$_____ |
| <input type="checkbox"/> Corporate Memberships | Ranges from \$100-\$1000 | Receive 4 memberships for each \$100 donated. |

Please make check payable to:
and mail to:

Livingston Historical Society
PO Box 220
Livingston, New Jersey 07039

In order to be better acquainted with you, we need your assistance. We would like to know if we could call on you to lend a hand in any way that is of interest to you.

I am interested in helping:

- Membership Outreach
- Curator Team
(helping with items in our collection)
- Programs
- Publicity/
Newsletter
- Tour Guide /
Docent Team
- Fundraising
- Hospitality/
Occasional Baking