



For Office Use Only
Date Received: _____
Received by: _____

MEMBERSHIP APPLICATION

Contact Information

Name _____ E-Mail Address _____
Street Address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____

Membership type New Renewal

- Student (\$6) Donation
 Individual (\$10) In Honor of / In Memory of:
 Family (\$15)
 Lifetime (\$150)

Contact Preferences

- YES, please reduce costs by sending membership reminders and/or announcements via e-mail.
 YES, please contact me about volunteering.

Volunteer Interests

If you'd like to volunteer – and we'd love to have you! – please tell us a little about yourself and your interests:

Please make checks payable to Gray Historical Society. Completed applications should be mailed to:

Gray Historical Society
PO Box 544
Gray ME 04039

I agree with the mission and purpose of this Society. My membership type and participation preferences are indicated herein. Gray Historical Society is a tax-exempt, nonprofit 501(c) 3 organization. Membership contributions are tax deductible to the extent allowed by law.

Member Signature

Date