



Nunda Historical Society

2025 Membership Form

Please Note: The NHS Membership Year is now from January 1 to December 31

Name _____ Tel: _____

Street/Box # _____ *e-mail: _____

City _____ State _____ ZIP _____

Membership Level: Youth: \$5 _____; Individual: \$10 _____; Supporting: \$25 _____;

Family (includes husband, wife & children at home): \$15 _____; Contributing: \$50 _____;

Sponsor (organizations and businesses): \$100 _____; Additional Donation: _____

Memorial Contribution: \$ _____ (specify name) _____

Building/ Exhibit Fund donation: \$ _____ (if you are using the building donation as a memorial, please specify name in space above)

Total Amount Enclosed: \$ _____

Note: The NHS is a not-for-profit 501 (c) 3 charitable organization. Your membership/gift is fully tax deductible.

**Your email will not be shared with others, but it helps us save mailing costs.*

☐ *send me a pdf copy of the newsletter*

☐ *send me a link to the on-line version*

____ *Please use my e-mail for special notices but use regular mail for my newsletter.*

The Society is a completely volunteer organization and needs your active participation. Please note if you can help with any of the areas noted here.

- ☐ Membership
- ☐ Programs
- ☐ Newsletter
- ☐ Mailings
- ☐ Data Entry-Collections
- ☐ Fund Raising Events
- ☐ Genealogy Research
- ☐ Hospitality
- ☐ Cleaning Museum
- ☐ Grant Writing
- ☐ New HS Publications
- ☐ Other

Return this form with dues/donations to:
NUNDA HISTORICAL SOCIETY
BOX 341, NUNDA, NY 14517- 0341

THANK YOU FOR YOUR SUPPORT

You can also pay membership
dues on line
www.nundahistory.org!

Office Use: Received _____ Membership Ch _____ Treasurer _____ Corr. Sec _____