

# The Historical Society of Cocalico Valley

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email : \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

### Membership Category:

- |   |          |
|---|----------|
| <input type="checkbox"/> Individual Member                | \$30.00  |
| <input type="checkbox"/> Family Member                    | \$45.00  |
| <input type="checkbox"/> Junior Membership (under age 17) | \$10.00  |
| <input type="checkbox"/> Life Member (Individual)         | \$500.00 |
| <input type="checkbox"/> Business Member                  | \$100.00 |

Dues paid after October 1 by new members will be applied to the following year.

**Payment to be made by check only.**

Print and mail this application with your payment to the below address. Thank You.

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The Historical Society of the Cocalico Vallery  
249 West Main Street, P.O. Box 193  
Ephrata, PA 17522  
717-733-1616