

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 | \$50.00 |
| <input type="checkbox"/> Junior Membership (under age 17) | \$10.00 |
| <input type="checkbox"/> Life Member (Individual) | \$500.00 |
| <input type="checkbox"/> Business Member | \$125.00 |

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.

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