

# Membership Application

Individual membership: \$8.00

Family: \$15.00

Supporting: \$25.00

Other please specify: \_\_\_\_\_

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

Organization: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

I am interested in volunteering (Check to Volunteer)

Print Out and Mail to:

Fulton County Historical Society

237 Kingsboro Avenue

P.O. Box 711

Gloversville, New York 12078

Phone: (518) 725-2203