



Application for Membership

Mail this completed application along with your check made payable to the Sanborn Area Historical Society to:

Sanborn Area Historical Society

**PO Box 172
Sanborn, NY 14132**

Name _____

Organization (If Applicable) _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email: _____

Please check the appropriate membership classifications:

- Individual - \$10 per year
- Family - \$15 per year
- Patron, Business or Professional - \$100 per year

If you wish to make an additional donation above and beyond your membership payment, we always appreciate the support.

Amount Enclosed \$ _____ Check # _____

SAHS is a 501(c)(3) not-for-profit Society. Donations are appreciated in the form of cash or artifact donations or from that of an estate. They are tax deductible to the fullest extent of the law.

Thank You for Your Support!