



### Membership Sign-Up Form

Please send this form with your check to:

Genoa Historical Association  
PO Box 316  
King Ferry, NY 13081

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

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

\_\_\_\_\_

Seasonal Address: \_\_\_\_\_ Date at Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Select Your Membership Type		
Please check one:	One year membership	\$18 <input type="checkbox"/>
	Two year membership	\$36 <input type="checkbox"/>
	Lifetime membership	\$500 <input type="checkbox"/>

If desired, enter your donation amount below	
Donation amount	\$ _____

Would you like to volunteer?	
<input type="checkbox"/>	Yes, I would like to volunteer at the Rural Life museum. Please contact me when help is needed. (programs, baking, landscaping, cataloging, carpentry, ext..)

Thank you. Your support is greatly appreciated.