## Marjorie Dieter Mastin Historical Society 2021 Membership

Name:	Date:	Phone:	
Street/P.O. Box#:	Box#:*email:		
City:	State:	Zip:	
Membership Level:			
Youth/Student \$5 Inc	dividual \$12	Supporting \$25	
Family \$30 Lifetime \$	S250Sponsor (or	ganization/business) \$50	
Memorial Contribution\$	(specify name)		
Additional Donation (Building/	/Exhibits/Programs) \$		
The Marjorie Dieter Mastin His	•	-for-profit 501 (c) (3) organi	zation.
Your donations may be tax ded	luctible.		
*Providing an email address was up to date with current events.	•	ormed of special announceme	ents and
This is a volunteer organization note if you are able to help with that may be of interest to you:	• •		
Membership		_Genealogy Research	
Programs		_Hospitality	
Newsletter		_Cleaning Museum	
Fund Raising Events		_Grant Writing	
Building Maintenance		_Other	
Please print, fill-in, and return t	this form with dues/do	onations to:	

MDM Historical Society P.O. Box 93 Canaseraga, NY 14822

THANK-YOU FOR YOUR SUPPORT

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