



Cobourg and District Historical Society

Membership Form

Return to:

CDHS Membership Chair
P.O. Box 911
Cobourg ON K9A 4W4
Canada

Type: New Membership Renewal

Name: _____

Address: _____

Postal Code: _____ **Telephone:** _____

E-Mail: _____

I prefer to receive the newsletter, *Historically Speaking*, by: Post E-Mail (PDF)

Membership Class:

Under 18 - \$10.00 Single - \$30.00 Family - \$50.00 Corporate - \$35.00

Additional Names:

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

Date: _____

Optional donation: _____

Tax Receipts issued for donations

I/we have an interest in volunteering for:

Program Committee

Board Position

Events