

LOCUST VALLEY HISTORICAL SOCIETY

For the Membership Year January 1, 20____ - December 31, 20____

ANNUAL DUES

Student (to age 21) FREE Veteran/First Responder \$10

Individual \$20 Family \$35 Senior \$10 Lifetime \$500

My check for \$_____ is enclosed for Annual Membership.

Mr./Mrs./Ms./Miss _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

New membership

Renewal

Please make checks payable to: **Locust Valley Historical Society**

DONATION

My check for \$_____ is enclosed as a Donation to further the work of the Locust Valley Historical Society.

Use my donation for: _____

Mail to:
Locust Valley Historical Society
P.O. Box 218
Locust Valley, NY 11560

www.locustvalleyhistory.org • info@locustvalleyhistory.org