



Membership Registration Form

Date: _____

New Membership Membership Renewal Gift Membership

Member Information Required

Mr. Mrs. Ms. Miss

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____

E-mail _____

My cheque for \$10, payable to the **Strathroy & District Historical Society**, is enclosed
\$ 10

I would also like to make a gift to support the work of the Society in the amount of
\$ _____

TOTAL \$ _____

For Gift Memberships Only

This is a gift membership from: _____

Donor's address _____

City _____ Province _____ Postal Code _____

Donor's Telephone _____

Donor's E-mail _____

Please send the membership package to: Recipient of the gift Person giving the gift

For more information, please email: sdhsociety@gmail.com