



**Cleveland Historical Society  
P.O. Box 29  
Cleveland, NY 13042**

**Membership Application Form**

**Your membership is greatly appreciated, and helps us to carry out our mission. As a member you will receive periodic mailings and notices of special events.**

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

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

**City, State, Zip** \_\_\_\_\_

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

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

**Membership Fee:    \$10    Couple \$15    Family \$20**

**Your generous contributions are our most reliable source of revenue.**