



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 - \$25.00 ____ Family - \$30.00 ____ Corporate - \$35.00 ____

Additional Names:

Name: _____ E-Mail: _____

Name: _____ E-Mail: _____

Date: _____

Optional donation: _____

Tax Receipts issued for donations