



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: _____

Membership Class:

Under 18 - \$10.00 ____ Single - \$30.00 ____ Family - \$50.00 ____ Corporate - \$60.00 ____

Payment can be made by either E-transfer or cheque.

If you wish to use e-transfer, please send to the Membership Chair: brianincobourg@gmail.com

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