



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: cdhscobourg@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