

Woodstock Historical Society Membership Application

Name:

Address:

Telephone: _____ E-Mail Address: _____

I wish to make a contribution of \$ _____ in addition to my membership dues.

Membership \$20.00 per year _____ Per Person _____ Total enclosed: \$ _____

Life Membership \$500 _____ Per Person

Help us know your areas of interest in the activities of the Woodstock Historical Society:

Programs___ Collections___ Exhibits___ Genealogy___ Building & Grounds Care___

Newsletter___ Hospitality___ Special Events___ WEB___

Other_____

Computer data entry (office use only): _____

Membership (office use only): _____

Print this form, fill it out and mail with your check to:

Woodstock Historical Society
ATTN: Nancy Gale
PO Box 65
Woodstock, CT 06281

[HOME](#)