

GARFIELD HEIGHTS HISTORICAL SOCIETY

MEMBERSHIP YEAR: 2021

5405 Turney Rd Garfield Heights OH 44125

216.475.3050

Please Print

First Name _____ **Last Name** _____

Address _____ **City** _____ **Zip** _____

Phone _____ **Email** _____

Birthday: Month _____ Day _____

What are you interested in? *Please Check*

Photography _____

Developing Exhibits/Displays _____

Planning/organizing Events _____

Writing Promotional Material _____

Maintaining Museum & Garden _____

Other: _____

Membership

Individual \$10

.....
Office Use

Paid: \$ _____ **: Cash** _____ **Check #** _____ **Membership #** _____

Membership Card Issued _____

Notes: _____ **Welcome Packet?** _____

Date _____

Membership Committee Member Signature