



Columbia Historical Society ♦ P.O. Box 983 ♦ Columbia Station, Ohio 44028  
 Phone: 440-879-8188 ♦ ColumbiaHistoricalSociety@gmail.com  
 columbiahistoricalsociety.org ♦ facebook.com/columbiahistoricalsociety ♦ twitter.com/columbiahistoc  
*Registered 501(c)(3) Non-Profit Charity*

**COLUMBIA HISTORICAL SOCIETY MEMBERSHIP APPLICATION**

We invite you to become a member, renew your membership, and/or make a contribution today  
 Membership renewals are due every February and are not pro-rated

Return this application with payment to:

“Columbia Historical Society, Attn: Membership Committee, P.O. Box 983, Columbia Station, OH 44028”

I would like to receive society information via email: \_\_\_\_\_ I would like to receive my newsletter by:

Yes: \_\_\_\_\_ or No: \_\_\_\_\_ Email:\* \_\_\_\_\_ Hardcopy: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email:\* \_\_\_\_\_

Annual Membership Levels:

- |   |  |
|---|--|
| ___ Student Membership ... \$5.00<br><i>(Age 22 &amp; under)</i>  | ___ Business Membership ... \$50.00<br><i>(1 Representative of Named Business)</i> |
| ___ Individual Membership... \$10.00<br><i>(1 Adult)</i>  | ___ Contribution ... \$ _____  |
| ___ Family Membership ... \$20.00<br><i>(Up to 2 Adults &amp; 2 school aged Children in same household)</i> | ___ In Memory of: _____  |
| ___ Lifetime Membership ... \$200.00 one time<br><i>(1 Adult)</i>   |  |

I am interested in serving on the following Committees:

- |                                    |  |
|------------------------------------|--|
| ___ Building, Grounds, & Gardening | ___ Block House Day Event              |
| ___ Collections                    | ___ Columbia Homecoming Festival Event |
| ___ Education & Docents (Tours)    | ___ Christmas Event                    |
| ___ Fundraising                    | ___ Fashion Show & Tea Event           |
| ___ Membership & Newsletter        | ___ Quilt Show Event                   |
| ___ Hospitality                    | ___ Other _____                        |
| ___ Publicity                      |  |

*For Office Personnel Use Only: [Do Not Write Below This Line]*

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Cash Check Visa Mastercard Discover AMEX