

Membership Application

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| --- | --- | --- | --- | --- | --- |
| Individual Name or Organization Contact | |  | | | |
| Position/Title *(where applicable)* | |  | | | |
| Mailing Address | |  | | | |
| City/Town |  | | Postal Code | |  |
| Phone |  | | Fax | |  |
| Email Address |  | | @ |  | |

Please Check: New Membership Renewal

|  |  |
| --- | --- |
| Membership Fee | $25.00 |
| Donation (*tax receipt available)* |  |
| Total amount enclosed | **$** |

Please make cheques payable to **The London and Middlesex Historical Society**

Mail to Box 303, Station B

London, ON

N6A 4W1

LMHSApp Rev02:22/11