

Membership Application

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

 Please Check: New Membership Renewal

|  |  |
| --- | --- |
| Membership Fee | $30.00 |
| Donation (*tax receipt available)* |  |
| Total amount enclosed |  **$** |

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

Mail to Box 303, Station B

 London, ON

 N6A 4W1

LMHSApp REV01-22-2024