



## GREATER ONEONTA HISTORICAL SOCIETY (GOHS) MEMBERSHIP FORM

183 Main Street, Oneonta

Thank you for your interest in membership and support of GOHS!  
Benefits of membership include quarterly newsletters, discounts at the History Center gift shop and certain events, and free admission to the History Center's first floor.

Personal Information		
<input type="checkbox"/> New Membership	<input type="checkbox"/> Membership Renewal	<input type="checkbox"/> Gift Membership
Name:		Phone:
Address:		Email:
Please select your desired membership level below 5 Year Memberships are available at a reduced rate		
Membership Level	1 Year	5 Year
Individual	<input type="checkbox"/> \$30	<input type="checkbox"/> \$120
Individual Senior (65+)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100
Student	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100
Military/Veteran	<input type="checkbox"/> \$25	<input type="checkbox"/> \$100
Family/Household	<input type="checkbox"/> \$35	<input type="checkbox"/> \$140
Organization	<input type="checkbox"/> \$55	<input type="checkbox"/> \$220
Patron	<input type="checkbox"/> \$50 - \$100	<input type="checkbox"/> \$200
Benefactor	<input type="checkbox"/> \$101 - 299	<input type="checkbox"/> \$400
Sponsor	<input type="checkbox"/> \$300+	<input type="checkbox"/> \$1,200+
Annual Membership periods begin on January 1, April 1, July 1, or October 1 (whichever date is closest to receipt of dues) Individual, Senior, Student & Military Memberships allow for <u>one</u> member each Other Memberships include all members of household. If selecting one of these, please list members of household below:		
Name		
Member Preferences		
<input type="checkbox"/> Please send my newsletter via email	<input type="checkbox"/> I'm interested in volunteering time or service	<input type="checkbox"/> I'm interested in the following types of programs/events/exhibits _____
Payment Method		
Membership Dues: \$	Additional Donation: \$	Total Amount Enclosed: \$
<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Charge my credit card
Credit Card Account #:		
Expiration Date:	CVV:	Zip Code:
Signature and Date:		

Completed forms can be mailed to: GOHS, PO Box 814, Oneonta NY, 13820  
Visit our website at [www.oneontahistory.org](http://www.oneontahistory.org) or follow us on Facebook and Instagram