

# MHS MEMBERSHIP APPLICATION

**Macedon Historical Society**  
**Monthly Meetings**  
**2nd Tuesday of the Month**  
**6:00pm Business Meeting**  
**6:30pm Presentations and**  
**sharing of History**

*April through September*  
**Historic Macedon Academy**  
**1185 Macedon Ctr. Rd., Macedon**  
*October through March*  
**Aldrich Room at the**  
**Macedon Town Hall**  
**32 W. Main St., Macedon**



As a Member of the Macedon Historical Society you become a voting member. Voting members have a voice in the fundamental task of how MHS preserves the history of the Macedon Community. The Macedon Historical Society is the caretaker of the history of Macedon.

Your membership dues are used as follows:

- ◆ to pay the monthly responsibilities of maintaining the Academy, such as utilities, district taxes and insurance.
- ◆ to preserve the heritage of our community through the upkeep of the materials we have at the Academy. This includes supplies needed to preserve and archive the materials.
- ◆ to promoting events, purchase office supplies, archival paper, boxes, displays, cleaning supplies and postage.

**Your membership provides the MHS to continue the work of providing a Museum to preserve the history of the Macedon Community**

***Please accept the responsibility with us and become a member. MHS is looking for members, active or silent supporters. All are welcome.***

**Cut along dotted line and return to the Macedon Historical Society (address below) with your membership dues/donation**

## **New or renewing membership to the Macedon Historical Society**

INDIVIDUAL Annual	\$25.00	<input type="checkbox"/>
DUAL/ FAMILY (children under 16) Annual	\$30.00	<input type="checkbox"/>
SUPPORTER (donations are appreciated)	\$_____	<input type="checkbox"/>
<b><i>Major Credit Cards are accepted</i></b> <b><i>Thank you for your support</i></b>		

*Check the appropriate box for your membership.  
 Donations are always welcome.*

*Return this form at the next meeting or mail it to:*

***Macedon Historical Society***  
***PO BOX 303, Macedon, NY 14502***  
***Attn: Membership***

Member's Name: \_\_\_\_\_ Dual Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ NY ZIP CODE: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

My Check is enclosed  I am paying by Credit Card

**Credit Card information:** Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: Month/Year \_\_\_\_/\_\_\_\_

CVC # \_\_\_\_\_ **A receipt by email will be sent to you.**

**Information: [macedonacademy@gmail.com](mailto:macedonacademy@gmail.com) or call 585-455-3798 and leave a message**  
**website: [www.macedonhistoricalsociety.org](http://www.macedonhistoricalsociety.org)**