



MEMBERSHIP FORM

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____ **PROV/STATE:** _____

CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

(Email address will only be used for membership communications)

DUES: \$10 NEW RENEWAL

**PLEASE MAKE CHEQUE PAYABLE TO THE GEORGINA HISTORICAL SOCIETY
AND MAIL TO:**

**The Georgina Historical Society
c/o Georgina Pioneer Village
26557 Civic Centre Rd.,
Keswick, Ontario
L4P 3G1**