

Berea Historical Society

P.O. Box 173 Berea, Ohio 44017 (440) 243-2541

MEMBERSHIP JULY 1, 2007 THROUGH JUNE 30, 2008 (FISCAL YEAR) Date _____

Name _____ Telephone _____

Street and number _____ City _____ State _____ Zip Code _____
New Address? Yes ___ No ___ E-Mail Address _____ Renewal ___ New ___

___ \$ 5.00 Student
___ \$15.00 Individual Membership
___ \$20.00 Family Membership
___ \$100.00 Corporate
___ \$35.00 Supporting Individual Membership
___ \$45.00 Supporting Family Membership
___ \$300.00 Lifetime Individual Membership

Additional Donation to: \$ _____ Mahler Museum/History Center: \$ _____ Scholarship Fund

GIFT MEMBERSHIP: Name _____

___ Individual \$15.00 Address: _____

___ Family \$20.00 City: _____ State _____ Zip Code _____

Please make check payable to the Berea Historical Society. Your canceled check is your receipt.

THANK YOU FOR YOUR SUPPORT

Mahler Museum and History Center provides many services for our members and community. We have many opportunities for you to help us in this effort. Please complete the questionnaire below and return it with your membership. Thank you.

Name _____ Phone Number _____

1. Please check the areas in which you are willing to volunteer:

___ Ways and Means projects ___ Assist in Resource & Archives Center ___ Victorian Tea
___ Assist with Exhibits ___ Provide refreshments for meetings and events. ___ Museum guide
___ Exterior Maintenance
___ Interior Maintenance ___ Cemetery Documentation ___ Tour Guide for School groups
___ Century Home Research ___ Computer Data Entry Skills ___ 4th of July help

2. Would you be willing to serve as a committee chairperson? ___yes ___no
3. Would you be willing to serve as an officer and/or trustee of the Historical Society? ___yes ___no
4. Additional comments, or suggestions for programs and guest speakers.