



The
Grandview Heights
Marble Cliff
Historical Society

1685 West First Avenue
Columbus OH 43212

MEMBERSHIP APPLICATION

Date _____
Renewal _____

Check if: New _____

Please *print* the following information:

Title(s) and Name(s) _____

Address _____

City: _____ State _____ ZIP _____

Given name(s) if not shown
above _____

Telephone: Home _____ Business _____

E-mail address _____

Membership Payment - Checks should be made payable to:

Grandview Heights/Marble Cliff Historical Society

Completed application and payment can be mailed to or dropped off at:

**Grandview Heights Public Library
1685 West First Avenue
Columbus, OH 43212**

Please check the appropriate category:

Membership Type	Annual Membership	Life Membership		
		Regular	Patron*	Benefactor*
Single	\$20 _____	\$100 _____	\$500 _____	\$1000 _____
Couple	\$30 _____	\$150 _____	\$500 _____	\$1000 _____
Organization	\$50 _____		\$500 _____	\$1000 _____

**May involve non-cash contributions subject to arrangement with GH/MCHS Board of Trustees*