



The  
Grandview Heights  
Marble Cliff  
Historical Society

1685 West First Avenue  
Columbus OH 43212

**MEMBERSHIP APPLICATION**

Date \_\_\_\_\_

Category: New \_\_\_ Renewal \_\_\_ Single \_\_\_ Couple \_\_\_ Organization \_\_\_

**Please print or type the following information:**

Title(s) & Name(s) as preferred for mailing address:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Given name(s) if not shown above:

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

E-mail address \_\_\_\_\_

Checks should be made payable to:

**Grandview Heights/Marble Cliff Historical Society**

Please check the appropriate category:

			LIFE _____	
Single	Annual	Regular	Patron*	Benefactor*
	\$10__	\$100__	\$500__	\$1000__
Couple	\$15__	\$150__		
Organization	\$15__			

\*May involve non-cash contributions, subject to arrangement with the Board of Trustees

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Following for use only by Treasurer:

Received \_\_\_\_\_ New \_\_\_\_\_ Year \_\_\_\_\_

Recorded \_\_\_\_\_ Renewal \_\_\_\_\_ No. \_\_\_\_\_