

OCEAN GATE HISTORICAL SOCIETY MEMBERSHIP FORM

Your assistance in completing this form (volunteering/CIRCLING all appropriate and if applicable *including both* P. O. Box and Street address) is appreciated. **Make checks payable and return to: -**
OCEAN GATE HISTORICAL SOCIETY
P. O. Box 895 Ocean Gate, NJ 08740

	<u>DUES-----</u>	<u>YEARLY</u>	<u>5 YEAR</u>
<i>Couple</i>		\$20.00	\$100.00
<i>Individual</i>		\$10.00	\$ 50.00

Name(s) _____

Address: _____

Phone # _____ E-Mail address _____

Secondary Address:

City, State, Zip Code

Phone # _____

I/we are available for assistance with the following .

Buildings & Grounds *Museum Guide(s)* *Hospitality*

Social Events *Programs* *Way & Means* *Telephone*

CALLER LIST- Please call: *Always* *.Summer* *Never*

SIGNATURE: _____