

GANN HISTORICAL SOCIETY AND LIBRARY, INC

MEMBERSHIP APPLICATION

Mr. ___ Mrs. ___ Miss ___ NAME (S) _____

ADDRESS _____

E_MAIL _____ FAX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE_(_____) _____

DATE _____ INDIVIDUAL MEMBERSHIP \$20 _____ FAMILY \$30 _____

NEW MEMBERSHIP _____ RENEWAL _____ CHANGE OF ADDRESS _____

GIFT MEMBERSHIP FROM _____

(Use name/address space above for recipient's information)

DONATION \$ _____ COMPANY/MATCHING \$ _____

(100%TAX DEDUCTIBLE)

MEMBERSHIP YEAR IS FROM JULY 1ST TO JUNE 30TH OF THE FOLLOWING YEAR

MAIL TO :

GAYLE GANN

5228 Forsyth Road #246

Macon, GA 31210-9144

Email: BOCASA@aol.com

Phone: (478) 471-8765