



Membership/Renewal Form

Membership dues are \$20/person. Your check can be made out to “Hague Historical Society” and mailed with this form to: HAGUE HISTORICAL SOCIETY, PO BOX 794, HAGUE, NY 12836

Name _____

Permanent Address _____

Phone _____

Email _____

Seasonal Address (if applicable) _____

Phone _____

THANK YOU FOR YOUR CONTINUED SUPPORT! \$ _____ Dues \$20/person

\$ _____ Contribution

\$ _____ Total