



ARMSTRONG COUNTY HISTORICAL MUSEUM AND GENEALOGICAL SOCIETY, INC.

2021 Membership Application

New Member

\$ 25.00 Per Year for Single Membership

Renewal

\$ 30.00 Per Year for Family Membership

INTEREST: GENEALOGY _____ MUSEUM _____

You will receive the Armstrong County Pennsylvania Genealogy and Museum News.

You will have free admission to the Museum and Library.

Name: _____ Phone: _____

Address: _____

E-mail Address: _____ Membership (Circle One): Single Family

Please make check payable to:

ARMSTRONG COUNTY HISTORICAL MUSEUM
AND
GENEALOGICAL SOCIETY, INC.

and mail with this form to:

P.O. Box 735
Kittanning, PA 16201

Phone: 724-548-5707
E-mail: achgs300@gmail.com
www.achmgs.org

MEMBERSHIP DUES ARE DUE ON JANUARY 1ST OF EACH YEAR

THANK YOU FOR YOUR SUPPORT!

DO NOT DETACH THIS!

For Society Use Only

Date Received: _____ Amount Paid: _____ () Cash () Check Check No.: _____

() Paid by Mail () Paid in Person Payment Received by: _____