St. Lawrence Power & Equipment Museum
PO Box 400, Madrid, NY 13660

MEMBERSHIP FORM

Please Print All Information

Date:_____

Name: _____

Spouses'/Companions Name:_____

Address:_____

Town:_____**State:**_____**Zip:**_____

Phone Number:_____ **Email Address:**_____

____***Check here if you prefer the newsletter to be e-mailed to you.***

Winter address(if applies)_____

Months at Winter address:_____(for mailing purposes)

Per Year Membership Fee:(Please make checks payable to: SLPEM)

_____ - $25 Individual
_____ - $30 Couple
_____ - $5 Junior Member - Under age 18

Other Membership Options: (Please make checks payable to: SLPEM)

When you purchase a 5 year membership you get 1 year free when you purchase a 10 year membership you get 2 years free.

_____ - $125 = 5 years (Individual)
_____ - $250 = 10 years (Individual)
_____ - $150 = 5 years (Couple)
_____ - $300 = 10 years (Couple)

Volunteer Options:

_____Yes, would like to be contacted
_____ Sorry, not interested
_____ Maybe, depends on the job.

- Areas of Interest:_____