

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:
