

**Delaware County Historical Association
Membership Form**

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

Membership Type (please circle one)

Individual.....\$20	Sponsor.....\$50
Student/Senior Citizen.....\$15	Benefactor.....\$100
Family.....\$30	Individual Life.....\$250

If you would like to join DCHA just fill out the form above and return it with your check to: DCHA
46549 State Highway 10
Delhi, NY 13753

For more information please call (607) 746-3849 or e-mail us at dcha@delhi.net