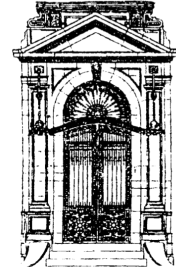


CLEVELAND HISTORY CENTER

of the WESTERN RESERVE HISTORICAL SOCIETY

10825 East Boulevard, Cleveland, Ohio 44106

Ph: (216) 721-5722 Email: info@wrhs.org



Membership has its perks!

Museum Advisory Council Membership Form

Ms. _____ Mr. _____ Mrs. _____ Dr. _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Preferred Phone: _____ Alt. Phone: _____

WRHS Member: yes/no

New Member: yes/no

Renewal: yes/no

Please note that MAC membership is predicated on WRHS membership. If you are not a WRHS member, please visit <https://www.wrhs.org/membership/> or call 216-721-5722, ext. 1108 to join.

2017/2018 (July 1 to June 30)

Membership Level Individual (\$25) _____ Household (\$35) _____

Payment Information

Total Enclosed: \$ _____ *Please make checks payable to Museum Advisory Council.*

Visa _____ MC _____ Am Ex _____ Discover _____

Account Number: _____

Exp. Date: _____ 3-digit security code: _____

Signature: _____

Thank You for joining! Look for your welcome letter. It will list upcoming events and volunteer opportunities!