

Ohio Historical Society Membership Application

Become a member via U.S. Mail:

Membership Office
Ohio Historical Society
800 E 17th Ave
Columbus, OH 43211

or via Phone:

(614) 297-2332
(800) 686-1545

or via Fax:

(614) 297-2324

Membership Categories:

Supporter (\$235)

Admits 2 adults and all children under 18 in the immediate family
Includes TIMELINE and 4 single use guest passes
Includes publicly recognized \$150 contribution to OHS

History Lover (\$85)

Admits 2 adults and all children under 18 in the immediate family
Includes TIMELINE and 2 single use guest passes

Family (\$55)

Admits 2 adults and all children under 18 in the immediate family

Individual (\$35)

Admits one adult plus one guest

TIMELINE add-on subscription (add \$30)

Ohio Civil War Color Guard Upgrade (add \$30)

(Canadian members please add \$10; all other foreign members add \$15 to the total amount due to cover postage & handling.)

Discount Categories (maximum \$5 off):

I qualify for a \$5 membership discount based on the following category:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Senior (age 60+) | <input type="checkbox"/> Military | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Student | <input type="checkbox"/> AAA | <input type="checkbox"/> AARP |
| <input type="checkbox"/> Member of site friends group | <input type="checkbox"/> Golden Buckeye card | |
| <input type="checkbox"/> Local historical society member | | |
| <input type="checkbox"/> Ohio Local History Alliance member | | |
| <input type="checkbox"/> Western Reserve Historical Society member | | |
| <input type="checkbox"/> Ohio Farm Bureau Federation member | | |

Payment:

Membership Dues	\$	_____
Gift Membership Dues	\$	_____
Color Guard Upgrade	+	\$ _____
Less Discount	-	\$ _____
Contribution to OHS*	+	\$ _____

Total Amount \$ _____

*This contribution is fully tax-deductible. All, or a portion, of your membership dues may be tax-deductible depending on selected category.

- Cash
 Check made payable to the **Ohio Historical Society**
 Charge my: Visa MasterCard
 Discover American Express

Credit Card # _____

Expiration date _____

Signature _____

This membership is for:

New member Gift Renewing member # _____

Adult Member 1:

Mr./Mrs./Ms./Miss/Dr. (Circle one)

Name (Please print)

Birth Date (optional): _____ / _____ / _____
month day year

Adult Member 2:

Mr./Mrs./Ms./Miss/Dr. (Circle one)

Name (Please print)

Birth Date (optional): _____ / _____ / _____
month day year

Street/Mailing Address

City/State/Zip

(____) _____ (____) _____

Day Phone

Evening Phone

E-mail Address

The gift membership is from:

OHS Member # _____

Mr./Mrs./Ms./Miss/Dr. (Circle one)

Name/s (Please print)

Street/Mailing Address

City/State/Zip

(____) _____ (____) _____

Day Phone

Evening Phone

E-mail Address

- Send gift to recipient Send gift to me
 Send renewal to recipient Send renewal to me

Office Use Only

Site location: _____

Date sold: _____

Sold by (include employee ID #): _____

Packet and temp card given: _____ Yes _____ No

Appeal code: _____