



# MARBLEHEAD LIGHTHOUSE HISTORICAL SOCIETY

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY MEMBERSHIP -- \$25.00 FOR MEMBERS OF FAMILY IN THE SAME HOME**

**Please fill in the application.**

**Name 1:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_

**Name 3:** \_\_\_\_\_

**Name 4:** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO AND MAIL TO:  
Marblehead Lighthouse Historical Society  
PO Box 144  
Marblehead, OH 43440**

**Your membership card and newsletter will be mailed to you**

\_\_\_\_\_ **I would like to volunteer**

**I can help with** \_\_\_\_\_

\_\_\_\_\_