



MARBLEHEAD LIGHTHOUSE HISTORICAL SOCIETY

Date: _____

E-Mail Address: _____ Phone: _____

INDIVIDUAL MEMBERSHIP -- \$10.00

Please fill in the application

Name: _____

Address: _____

Address: _____

City: _____

State/ Zip: _____

**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 _____
