

MARBLEHEAD LIGHTHOUSE HISTORICAL SOCIETY



**APPLICATION FORM
FAMILY MEMBERSHIP**

\$25.00

For member of a family in the same home.

Please list family member first names in area provided below.

Date _____

Family Name _____

First Name 1 _____

First Name 2 _____

First Name 3 _____

First Name 4 _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

MAKE CHECKS PAYABLE TO AND MAIL TO:

Marblehead Lighthouse Historical Society

PO Box 144

Marblehead, Ohio 43440

Your membership card and newsletter will be mailed to you.

_____ I would like to volunteer

I can help with _____
