

MARBLEHEAD LIGHTHOUSE HISTORICAL SOCIETY



APPLICATION FORM
INDIVIDUAL MEMBERSHIP
\$10.00

Date _____

Name _____

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 _____
