

Tioga County Historical Society

110 Front Street, Owego, NY 13827 -1519 | 607.687.2460 | museum@tiogahistory.org | www.tiogahistory.org

Membership Form

Student	\$10	Corporate	\$200
<ul style="list-style-type: none">◆ Waiver of On-site Research Center Usage Fees◆ Discounted Copying Fees◆ Invitation to Annual Meeting		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and Annual Report◆ Advertisement on Museum Webpage <i>and More...</i>	
Individual	\$25	Supporter	\$250
<ul style="list-style-type: none">◆ All the Student Benefits◆ Quarterly Newsletter◆ 10% Off Gift Shop Purchases◆ Invitation to Annual Members-Only Event		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Museum Newsletters◆ \$25 Gift Certificate to Gift Shop	
Family	\$50	Patron	\$500
<ul style="list-style-type: none">◆ All the Individual Benefits◆ Behind-the-Scenes Tour◆ Invitation to all Children's Events		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and Annual Report◆ \$50 Gift Certificate to Gift Shop <i>and More...</i>	
Donor/Small Business	\$100	Gold	\$1,000 and Over
<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and on Website◆ Personal Invitations to Exhibit Openings		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Featured on Museum Webpage◆ Recognition in Newsletter and Annual Report◆ Free Admission to Paid Events <i>and More...</i>	

How Your Membership Supports Our Mission

We must raise 96% of our operating expenses through donations, memberships, and fundraisers.

Your generosity allows TCHS to provide exhibits, programming, research, and educational opportunities to the public and allows us to keep admission to our museum affordable.

We need your support to operate!



Detach form below and mail to: TCHS, 110 Front Street, Owego, NY 13827-1519

NAME(S) _____ NEW MEMBERSHIP RENEWED MEMBERSHIP

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

I WOULD LIKE TO INCLUDE AN ADDITIONAL CONTRIBUTION* IN THE AMOUNT OF: \$ _____

MY EMPLOYER PARTICIPATES IN A MATCHING GIFTS PROGRAM (FORM ENCLOSED)

MEMBERSHIP AMOUNT: \$ _____ TOTAL AMOUNT ENCLOSED: \$ _____

*Contributions you make in addition to your membership may be tax deductible.

MASTERCARD CARD NUMBER _____

VISA EXPIRATION DATE _____ CVV # _____

DISCOVER SIGNATURE _____

CASH CHECK # _____

Please make checks payable to "TCHS"