



**Tribes Hill Heritage Center
Membership Application**

Name _____
Street _____
City _____
State _____ Zip _____
Phone _____
Email _____
Referred By _____

Do you wish to be an active member, if so, what areas would interest you?

_____ Individual: \$25
_____ Student 6-17: \$10
_____ College/w ID \$10
_____ Military: \$15
_____ Senior: \$15
_____ Family: \$35
_____ Friend : \$50
_____ Donor: \$100
_____ Sponsor: \$250
_____ Corporate: \$500
_____ Patron: \$500
_____ Founders Circle: \$1000+

Membership Given in Memory of _____

In Honor of _____

This membership is tax-deductible, as we are a 501.C3 not for profit.

**Make check out to Tribes Hill Heritage Center
Return to PO Box 377, Tribes Hill, New York 12177**

