



Membership Application

Name: _____

Address 1: _____

Address 2: _____

City: _____

State & Zip: _____

Email Address: _____

Phone Number (optional): _____

Individual Annual Dues - please circle

- \$20 - Standard
- \$50 - Sustaining
- \$100 - Patron

Make checks payable to Historic Altamont Inc. - Dues are tax deductible

Mail to:

Historic Altamont
PO Box 393
Altamont, NY 12009

Historic Altamont Inc. will not, in any circumstance, share your personal information with other individuals or organizations without your permission.