



**Venice Area Historical Society
Membership Application**

Name: _____

Local Address: _____

Local Home Phone: _____

Local Business Phone: _____

Email Address: _____

Type of Membership (Choose one):

- _____ Student \$10.00
- _____ Non-Profit Organization \$15.00
- _____ Individual \$15.00
- _____ Family \$25.00
- _____ Business \$35.00
- _____ Bronze Sponsor \$100.00
- _____ Silver Sponsor \$250.00
- _____ Corporate Sponsor \$300.00
- _____ Gold Sponsor* (lifetime) \$500.00
- _____ Donation \$_____
- Total \$_____

**Includes name plaque*

Make check payable and return application to:

Venice Area Historical Society
PO Box 995
Venice, FL 34284-0995

Areas you would like information about:

- _____ Program Committee
- _____ Membership Committee
- _____ Grant writing
- _____ Newsletter
- _____ Depot tours
- _____ Speakers Bureau
- _____ Others areas of interest

VAHS is a Not for Profit – 501(c)3 tax exempt organization