

LeFevre Family Association Huguenot Historical Society - Membership Form

Please print and mail this form

_____Life Membership -- \$350

Annual Dues:

_____ Individual -- \$35

_____ Family -- \$50

_____ Youth (under 19) -- \$5

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Enclosed is check made out to the LeFevre Family Association in the amount of \$ _____

Mail to:

**LeFevre Family Association
Huguenot Historical Society**

18 Broadhead Avenue
New Paltz, NY 12561-1403

