

Constable Hall Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Type (Circle one):

\$15 – Senior/Student/Military

\$100 – Patron

\$25 – Individual

\$250 – Benefactor

\$35 – Family

\$500 – Life

\$50 – Sustaining

Card Delivery Preference:

_____ Please send my membership card through the US Postal Service.

_____ Please email my membership card. (Be sure to include your email address above!)

_____ I do not need a card at this time.

(You may request a card at any time by contacting us at Constable Hall, 315-397-2323 or constablehall@rocketmail.org.)

Family Member Names:

I would like my membership card at the Family Membership level or above to include my household family members' names. They are:

Please mail this application along with your check made payable to Constable Hall Association to:

Constable Hall Association
PO Box 36
Constableville, NY 13325

Thank you for the support of your membership!