

Constable Hall Association, Inc.

Constableville, New York 13325

March 2023

Membership Application

Please return this form with your check made payable to the Constable Hall Association, Inc.

To: Membership
Constable Hall Association, Inc.
P.O. Box 36
Constableville, NY 13325

Name: _____

Address: _____

Telephone: _____

Email address: _____

____ \$15 Senior/Student/Military
(Please Circle One)

____ \$25 Individual

____ \$35 Family

____ \$50 Sustaining

____ \$100 Patron

____ \$250 Benefactor

____ \$500 Life

Card Delivery Preference:

____ Please send my membership card through the US Postal Service (USPS).

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

____ Thank you. I do not need a card at this time.

(You may request a new card at any time by contacting us at Constable Hall.)

Newsletter Preference:

____ Please mail mine through the USPS.

____ Please send mine via e-mail.

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:

Thank you again for the support of your membership!