



The
Grandview Heights
Marble Cliff
Historical Society

1685 West First Avenue
Columbus OH 43212

MEMBERSHIP APPLICATION

Date _____

Check if: New _____ Renewal _____

Please *print* the following information:

Title(s) and Name(s)

Address _____

City: _____ State _____ ZIP _____

Given name(s) if not shown
above _____

Telephone: Home _____ Business _____

E-mail address _____

Membership Payment - Checks should be made payable to:

Grandview Heights/Marble Cliff Historical Society

Completed application and payment can be mailed to or dropped off at:

**Grandview Heights Public Library
1685 West First Avenue
Columbus, OH 43212**

Please check the appropriate category:

Membership Type	Annual Membership
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Single Person \$30 _____

Family \$60 _____

Organization \$75 _____

Benefactor* \$1000 _____

**May involve non-cash contributions subject to arrangement with GH/MCHS Board of Trustees*