

**QUONOCHONTAUG HISTORICAL SOCIETY
2019 MEMBERSHIP REGISTRATION**

NAME(S) _____ Date _____

Summer Address: _____ Phone _____

Winter Address: _____ Phone _____

Cell Phone: _____ Email Address: _____

Individual \$20 _____ Family \$25 _____ Additional Donation \$ _____

Please check with your employer as many have matching donation program.

**Please make check payable to Quonochontaug Historical Society,
PO Box 46, Charlestown, RI, 02813 THANK YOU.**

OPPORTUNITIES FOR ACTIVE PARTICIPATION

___ Help set-up for programs ___ Sell books & videos at programs

___ Provide program refreshments ___ Computer/Website/e-mail Blasts

___ Add your oral history to our collection ___ Design displays

___ Volunteer at our new Preservation/Education/Archive Center

Please tell us how you would like to help as a volunteer: _____

PROGRAM SUGGESTIONS

What program(s) from the past would you like repeated:

Suggestions for future programs:
