

**QUONOCHONTAUG HISTORICAL SOCIETY**  
**P.O. Box 46, Charlestown, Rhode Island 02813**  
**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".**

**Would you like to help in other ways? If so, please check areas of interest:**

- |   |  |
|---|--|
| <input type="checkbox"/> Help set-up for programs                                   | <input type="checkbox"/> Sell books & videos at programs |
| <input type="checkbox"/> Provide program refreshments                               | <input type="checkbox"/> Computer/Website/e-mail Blasts  |
| <input type="checkbox"/> Add your oral history to our collection                    | <input type="checkbox"/> Design displays                 |
| <input type="checkbox"/> Volunteer at our new Preservation/Education/Archive Center |  |
| <input type="checkbox"/> Other _____  |  |

**Do you have any ideas for future programs?** \_\_\_\_\_  
\_\_\_\_\_

**Other Optional Questions: (Please Circle Yes/No)**

- |  |     |    |
|--|-----|----|
| Have you visited the new QHS Archive Center located in the Quonnie Grange?   | Yes | No |
| Would you like to be contacted to arrange a visit to the QHS Archive Center?   | Yes | No |
| Would you be interested in providing an oral history of your Quonnie experience?   | Yes | No |
| Would you be interested in having on-line access to the archive materials?   | Yes | No |
| Would you be more interested in reviewing our current 75 oral histories if these artifacts were transcribed so that you could read them instead of having to listen to them? | Yes | No |