

QUONochONTAUG HISTORICAL SOCIETY
P.O. Box 46, Charlestown, Rhode Island 02813
2020 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 |