



**Request For
Membership In
The Canal
Society Of Ohio**



Please accept my application for membership in the Canal Society Of Ohio

Name:

Street:

City:

State:

Zip:

Please choose a category:

- Student: (\$10.00 per year) Grade:
- Individual: (\$18.00 per year)
- Family: (\$20.00 per year)
- Contributing: (\$30.00 per year)
- Business, for profit: (\$30.00 per year)
- Patron: (\$50.00 per year)

Mail this form with your check to:

**Canal Society Of Ohio Membership
P.O. Box 1132
Perrysburg OH 43552**