Chagrin Falls History Center
87 East Washington St.
P.O. Box 515
Chagrin Falls, OH 44022

Membership Form

Annual Membership Categories
Senior $25 • Individual $35 • Family $65 • Corporate $100
Sponsor a Monthly Program $200

Date _____

Name(s) _____
_____
Address_____
_____
City/State _____ Zip_____
Phone _____
Email _____

Membership Type: _____
If Family, please indicate the number in your family _____

Membership $_____
Donation $ _____
Total Enclosed $ _____

Please make checks payable to Chagrin History Center

(440) 247-4695

info@chagrinhistory.org
www.chagrinhistory.org