

OHS Membership Application

Become an OHS Member Through U.S. Mail

You may fill out the application below, print and mail it to:
Membership Office
Ohio Historical Society
1982 Velma Avenue
Columbus, OH 43211-2497

Individual Categories:

- Ohio History Patriot (\$175)
- Ohio History Lover (\$75)
- Ohio History Site Seer (\$50)
- Ohio History Student (\$30) – NO DISCOUNT
(K-college grad student)
Name of school/college: _____
- Ohio History Reader (\$55) – NO DISCOUNT

Organizational & Business Categories:

- Ohio History Preserver (\$150)
- Ohio History Entrepreneur (\$300)

(Canadian memberships please add \$10 and all other foreign memberships add \$15 to the total amount due in order to cover postage & handling.)

Discount Categories (maximum \$5 off):

- I qualify for the \$5 membership discount based on the following discount category: Senior (age 60+) Educator College Student Member of site support group Local historical society Ohio Association of Historical Societies and Museums Western Reserve Historical Society Ohio Farm Bureau Federation AAA AARP Golden Buckeye cardholder)

Payment:

Membership Dues \$ _____
Gift Membership Dues \$ _____
Less Discount - \$ _____
Contribution to OHS \$ _____

(This contribution is fully tax-deductible. All, or a portion, of your membership dues may be tax-deductible depending on selected category.)

Total Amount \$ _____

- Cash
- Check made payable to the Ohio Historical Society
- Charge my: Visa MasterCard Discover American Express

Credit Card # _____
Expiration date _____
Security Code (last 3 digits on back of card) _____
Signature _____

or Via Phone

You may phone in the information to:
(614) 297-2332
(800) 686-1545

This membership is for a:

- New member Renewing member Gift
- Mr./Mrs./Ms./Miss/Dr. (Circle one)
Name/s (Please print) _____

Street/Mailing Address _____

City/State/Zip _____

County (Ohio only) _____

Day Phone _____ Evening Phone _____
(____) _____ (____) _____

E-mail Address _____

Birthdate (optional) _____/_____/_____
month/day/year

The gift membership is from:

- Mr./Mrs./Ms./Miss/Dr. (Circle one)
- Name/s (Please print) _____

Street/Mailing Address _____

City/State/Zip _____

County (Ohio only) _____

Day Phone _____ Evening Phone _____
(____) _____ (____) _____

E-mail Address _____

- Send gift to recipient Send gift to me
- Send renewal to recipient Send renewal to me

Office Use Only

Site location: _____
Date sold: _____
Sold by (include employee ID #): _____
Packet and temp card given: _____ Y _____ N _____
Appeal code: _____