

Membership Form

Valley Stream Historical Society
P.O. Box 22
Valley Stream, NY 11582

Dues

Individual: **\$15**, Family: **\$20**, Business: **\$25**, Lifetime: **\$100**

Date: _____

Payment Amount: _____

Name: _____

Renewal: _____ **New:** _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Contact Phone: _____