

*The Italian American Historical Society of Connecticut
Application for New and Renewal Memberships
(Membership Year-January 1 to December 31)*

Name: _____
Addr: _____
City: _____
ST: _____ Zip _____
Tele: _____ Cell: _____
E-Mail: _____

Dues: *(all dues and donations are tax deductible)*

_____ Individual \$20

_____ Family \$30

_____ Student \$10

Donation – SCSU Scholarship Endowment \$ _____

Memorialized Donation \$ _____

Honoree Name: _____

Total Check Amount \$ _____

Please Indicate Special Interests:

- Maintaining Archives
- Interviewing People
- Conducting Tours
- Newsletter
- Workshops
- Speaker Lectures
- Trips
- Exhibitions
- Educational Programs

Please make checks payable to IAHS of CT & mail with Renewal Form to:

**IAHS of CT – c/o Gayle Logan
55 Richmond Glen Drive
Cheshire, CT 06410**