



MEMBERSHIP FORM

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Type of Membership	Senior/Student	\$15.00	_____
	Individual	\$20.00	_____
	Household	\$30.00	_____

I would like to make an additional donation of \$ _____

Cash or check only. Please make checks payable to: Butler County Historical Society

I would be interested in programs/activities on the following topics: _____

Butler County Historical Society, 327 North 2nd Street, Hamilton, OH 45011